

**EMPLOYEE LIFE INSURANCE** – Basic Life (1x base salary) is priced at \$.105 per \$1,000. Life insurance elected in excess of 1x base pay is age banded. Your cost increases in the month in which you move into a new age band.

AGE	RATE PER \$1,000
<35	0.031
35-39	0.057
40-44	0.082
45-49	0.137
50-54	0.208
55-59	0.338
60-64	0.532
65-69	0.841
70+	1.214

**FAMILY LIFE INSURANCE**

SPOUSE/DOMESTIC PARTNER COVERAGE		
	Amount	Cost
	\$ 5,000	\$1.35
	\$10,000	\$2.70
	\$25,000	\$6.75

DEPENDENT CHILDREN		
	Amount	Cost
	\$ 2,000	\$0.20
	\$ 5,000	\$0.50
	\$10,000	\$1.00

**PERSONAL ACCIDENT INSURANCE**

EMPLOYEE ONLY		
	Amount	Cost
	\$ 50,000	\$0.85
	\$100,000	\$1.70
	\$150,000	\$2.55

EMPLOYEE AND FAMILY		
	Amount	Cost
	\$ 50,000	\$1.25
	\$100,000	\$2.50
	\$150,000	\$3.75

**LONG TERM DISABILITY INSURANCE – Rates are per \$100 of monthly covered salary**

Amount of Coverage	Employee Group	UC Cost	Your Cost
60% after 6 month elimination period	Unrepresented exempt or nonexempt	0.198	0.248
	AAUP		0.446
65% after 4 month elimination period	Unrepresented exempt or nonexempt	0.198	0.20
	AFSCME, IUOE, SEIU, ONA, FOP	0.17	0.17
	AAUP		0.398

**Supplemental Coverage (coverage is for salary above \$80,000) – Rates are per \$100 of monthly covered salary**

Amount of Coverage	Employee Group	UC Cost	Your Cost
Supplemental - 60% after 6 month EP	Unrepresented Exempt/NonExempt		Age based
Supplemental – 65% after 4 month EP	Unrepresented Exempt/NonExempt		Age based

Cost per \$100 of monthly covered salary for supplemental coverage

Age	Option 4	Option 5
<30	0.087	0.058
30-34	0.107	0.068
35-39	0.136	0.087
40-44	0.184	0.136
45-49	0.262	0.194
50-54	0.349	0.262
55-59	0.456	0.34
60-64	0.621	0.446
65+	0.844	0.621