



Schedule of Monthly Premiums

Active Employees

Effective January 1, 2024 – December 31, 2024

Health Insurance	You	You + Child(ren)	You + Spouse	You + Family
Anthem Blue Cross Blue Shield HRA Gold	\$188.56	\$343.04	\$464.72	\$619.20
Anthem Blue Cross Blue Shield HRA Silver	\$125.19	\$235.32	\$331.65	\$441.78
Anthem Blue Cross Blue Shield HRA Bronze	\$77.69	\$154.57	\$231.90	\$308.78
Anthem Blue Cross Blue Shield HMO	\$148.53	\$274.99	\$380.66	\$507.12
Kaiser Permanente HMO	\$169.54	\$311.96	\$430.64	\$573.06
UnitedHealthcare HMO	\$177.91	\$324.94	\$442.36	\$589.39
UnitedHealthcare HDHP	\$63.36	\$130.20	\$201.80	\$268.64

Excludes \$80 tobacco surcharge.

TRICARE Supplement	You	You + Child(ren)	You + Spouse	You + Family
Must be enrolled in TRICARE to be eligible for TRICARE Supplement.	\$60.50	\$119.50	\$119.50	\$160.50

Dental	Single	Family
Basic	\$10.81	\$42.64
Premium	\$17.51	\$69.22

Vision	Single	Family
	\$ 6.94	\$19.43

Short-Term Disability	2/3 of Weekly Salary	Premium
Basic	Up to \$225 per week	\$ 8.00
Plan A	Up to \$300 per week	\$14.00
Plan B	Up to \$500 per week	\$20.00

Legal Insurance	Single	Family
LawPhone (coverage for all eligible members)	-----	\$ 6.90
UltimateAdvisor	\$17.20	\$22.12

Accident Insurance	Low Plan	High Plan
You	\$7.24	\$13.65
You + Spouse	\$10.92	\$20.56
You + Child(ren)	\$13.98	\$26.29
Family	\$17.81	\$33.20

Hospital Indemnity	Low Plan	High Plan
You	\$11.64	\$17.45
You + Spouse	\$17.94	\$26.40
You + Child(ren)	\$23.51	\$34.56
Family	\$29.49	\$44.23

Critical Illness (eligible children included at no cost)						
	Non-Tobacco \$15,000		Non-Tobacco \$30,000		Non-Tobacco \$50,000	
Issue Age	You	You + Spouse	You	You + Spouse	You	You + Spouse
< 29	\$6.05	\$11.96	\$12.09	\$23.91	\$20.15	\$39.85
30-39	\$10.61	\$18.51	\$21.21	\$37.02	\$35.35	\$61.70
40-49	\$19.73	\$32.01	\$39.45	\$64.02	\$65.75	\$106.70
50-59	\$34.35	\$51.77	\$68.70	\$103.53	\$114.50	\$172.55
60-64	\$53.73	\$67.38	\$107.46	\$134.76	\$179.10	\$224.60
65+	\$53.73	\$78.26	\$107.46	\$156.51	\$179.10	\$260.85
	Tobacco \$15,000		Tobacco \$30,000		Tobacco \$50,000	
Issue Age	You	You + Spouse	You	You + Spouse	You	You + Spouse
< 29	\$8.51	\$17.10	\$17.01	\$34.20	\$28.35	\$57.00
30-39	\$15.59	\$27.56	\$31.17	\$55.11	\$51.95	\$91.85
40-49	\$30.02	\$49.29	\$60.03	\$98.58	\$100.05	\$164.30
50-59	\$53.57	\$81.90	\$107.13	\$163.80	\$178.55	\$273.00
60-64	\$85.77	\$109.13	\$171.54	\$218.25	\$285.90	\$363.75
65+	\$86.91	\$129.18	\$173.82	\$258.36	\$289.70	\$430.60

Life Insurance	Premium/Benefit
Basic	\$15,000 Basic Life & Accidental Death & Dismemberment
Child	\$15,000 - \$2.10/month
Supplemental	Employee only, 6 times salary up to a \$500,000 maximum. Age banded rates per thousand (see table below).
Spousal	Rate based on the spouse's age (see table below). Coverage is provided in increments of \$10,000, not to exceed \$250,000 or 50% of the employee's coverage.

Age	Monthly Rate per \$1,000
<25	\$0.075
25-29	\$0.080
30-34	\$0.100
35-39	\$0.110
40-44	\$0.120
45-49	\$0.155
50-54	\$0.215
55-59	\$0.370
60-64	\$0.545
65-69	\$1.045
70+	\$1.674

Supplemental Life Example:
Age 46 - \$40,000 salary electing 6 times
(\$240,000 in life insurance)

$$\$240,000 / 1,000 = 240$$

$$\$1.155 \times 240 = \$37.20/\text{month}$$