Premium Worksheet

Rates and/or benefits may be changed on a class basis. Rates are based on the employee's age and increase as you enter each new age category.

VOLUNTARY ACCIDENT INSURANCE **Payperiod (20) Premium Amount** (Cost per Pay Period – 20/Year)	
COVERAGE TIER	**PLAN**
Employee Only	**$4.22** ($0.23 per day)
Employee & Spouse	**$6.72** ($0.37 per day)
Employee & Child(ren)	**$7.17** ($0.39 per day)
Employee & Family	**$11.27** ($0.62 per day)

5962g NS 07/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

VOLUNTARY TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE **Payperiod (20) Premium Amount** (Cost per Pay Period – 20/Year)												
Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$75,000	$2.25	$1.98	$2.25	$3.06	$4.37	$6.57	$9.77	$14.04	$19.08	$27.68	$49.32	$140.72

SPOUSE VOLUNTARY TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE **Payperiod (20) Premium Amount** (Cost per Pay Period – 20/Year)												
Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$37,500	$1.51	$1.31	$1.49	$2.09	$3.04	$4.66	$6.98	$10.10	$13.75	$20.03	$35.82	$102.40

CHILD(REN) VOLUNTARY TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE **Payperiod (20) Premium Amount** (Cost per Pay Period – 20/Year)	
Benefit Amount	Cost For All Children
$10,000	$0.31

5962a NS 07/21 Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

VOLUNTARY HOSPITAL INDEMNITY INSURANCE **Payperiod (20) Premium Amount** (Cost per Pay Period – 20/Year)	
COVERAGE TIER	**PLAN**
Employee Only	**$7.85** ($0.43 per day)
Employee & Spouse	**$15.38** ($0.84 per day)
Employee & Child(ren)	**$13.77** ($0.75 per day)
Employee & Family	**$22.27** ($1.22 per day)

5962h NS 07/21 Hospital Income Plan Form Series includes GBD-2800, GBD-2900, or state equivalent.

The Buck's Got Your Back ®

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This document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

CREATION DATE: 9/29/2026
ROCHESTER AREA SCHOOL HEALTH PLAN/00184250

GROUP SPECIFIED DISEASE INSURANCE PREMIUM WORKSHEET

For Employee of:

ROCHESTER AREA SCHOOL HEALTH PLAN (Policyholder)

THE HARTFORD

This worksheet will assist you in determining the premium for the coverage you elect for yourself and any dependent(s). The amounts presented below may vary from amount(s) provided to you when you enroll or from amount(s) you actually pay for the coverage due to rounding or changes in your age/how your age is calculated for purposes of this coverage.

A few important things to know:

- Employee and Spouse premiums are determined/calculated using the Employee's age as of the Policy Effective Date or as of the most recent Policy Anniversary (whichever is later).
- Premiums for Employee and Spouse coverage will increase over time as the Employee reaches the starting age of each subsequent age band.
- Coverage for any Dependent Child(ren) is automatic with Employee enrollment/participation. A separate premium is not required for child coverage.
- Please contact the Policyholder or your benefits administrator if questions or for additional information on premiums for this coverage.

CLASS & POLICY INFORMATION

Eligible Class(es): All Eligible Employees	
Policy Situs/Issue State: New York	
Policy Effective Date: January 1, 2025	**Policy Anniversary:** January 1

EMPLOYEE PREMIUMS (20 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

	Age												
Coverage Amount	**<25**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70-74**	**75-79**	**80+**
$20,000	**$2.16**	**$2.88**	**$3.96**	**$5.28**	**$7.68**	**$12.12**	**$15.60**	**$19.20**	**$25.44**	**$33.72**	**$41.16**	**$47.40**	**$49.44**

SPOUSE PREMIUMS (20 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

	Age												
Coverage Amount	**<25**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70-74**	**75-79**	**80+**
$20,000	**$1.68**	**$2.40**	**$3.24**	**$4.20**	**$6.84**	**$11.16**	**$15.96**	**$20.88**	**$29.28**	**$40.44**	**$48.48**	**$55.92**	**$58.92**