

# Monthly Premiums for Former Employees and Surviving Dependents

**Plan Year Jan. 1 – Dec. 31, 2018**

<b>HEALTH PLANS</b>	<b>MEMBER</b>	<b>SPOUSE</b>	<b>CHILD</b>	<b>CHILDREN</b>
Aetna HMO	\$ 675.62	\$ 1,107.78	\$ 452.66	\$ 452.66
CommunityCare HMO	\$ 882.30	\$ 1,285.18	\$ 449.36	\$ 718.98
GlobalHealth HMO	\$ 593.36	\$ 875.86	\$ 320.54	\$ 523.44
HealthChoice High and High Alternative	\$ 594.90	\$ 697.50	\$ 299.24	\$ 507.80
HealthChoice Basic and Basic Alternative	\$ 466.42	\$ 547.38	\$ 240.54	\$ 406.88
HealthChoice High Deductible Health Plan (HDHP)	\$ 401.78	\$ 471.82	\$ 207.52	\$ 350.36
<b>DENTAL PLANS</b>	<b>MEMBER</b>	<b>SPOUSE</b>	<b>CHILD</b>	<b>CHILDREN</b>
Assurant Freedom Preferred	\$ 30.26	\$ 30.10	\$ 22.58	\$ 60.68
Assurant Heritage Plus with SBA (Prepaid)	\$ 11.74	\$ 8.86	\$ 7.60	\$ 15.20
Assurant Heritage Secure (Prepaid)	\$ 7.20	\$ 5.98	\$ 5.20	\$ 10.38
Cigna Dental Care Plan (Prepaid)	\$ 9.16	\$ 6.00	\$ 4.08	\$ 9.18
Delta Dental PPO	\$ 33.64	\$ 33.62	\$ 29.26	\$ 74.04
Delta Dental PPO Plus Premier	\$ 44.52	\$ 44.52	\$ 38.78	\$ 98.06
Delta Dental PPO — Choice	\$ 15.06	\$ 34.18	\$ 34.44	\$ 83.60
HealthChoice Dental	\$ 39.12	\$ 39.12	\$ 31.58	\$ 81.10
MetLife Classic	\$ 36.98	\$ 36.98	\$ 31.68	\$ 78.78
MetLife Value MAC	\$ 27.24	\$ 27.24	\$ 23.34	\$ 58.02
MetLife Value PDP	\$ 29.48	\$ 29.48	\$ 25.24	\$ 62.80
<b>VISION PLANS</b>	<b>MEMBER</b>	<b>SPOUSE</b>	<b>CHILD</b>	<b>CHILDREN</b>
Primary Vision Care Services (PVCS)	\$ 9.36	\$ 8.00	\$ 8.00	\$ 11.00
Superior Vision	\$ 7.62	\$ 7.58	\$ 7.18	\$ 14.74
Vision Care Direct	\$ 15.90	\$ 11.26	\$ 11.26	\$ 22.74
VSP	\$ 8.02	\$ 5.36	\$ 5.28	\$ 11.58

**These rates do not reflect any retirement system contribution.**

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LIFE PLAN FOR PRE-MEDICARE RETIREES/VESTS		
From \$5,000 to \$40,000	\$1.88 Per \$1,000	
Age Rated Supplemental Life — Cost Per \$1,000 for \$41,000 and Up		
< 30 ----- \$0.06	30 - 34 ----- \$0.06	35 - 39 ----- \$0.06
40 - 44 ----- \$0.08	45 - 49 ----- \$0.14	50 - 54 ----- \$0.26
55 - 59 ----- \$0.40	60 - 64 ----- \$0.46	65 - 69 ----- \$0.74
70 - 74 ----- \$1.28	75+ ----- \$1.96	
DEPENDENT LIFE	\$0.94 Per \$500 Unit, Per Dependent	

## MONTHLY LIFE INSURANCE PREMIUMS FOR SURVIVING DEPENDENTS

SURVIVING DEPENDENTS OF CURRENT EMPLOYEES	LOW OPTION \$2.60	STANDARD OPTION \$4.32	PREMIER OPTION \$8.64
Spouse	\$6,000 of coverage	\$10,000 of coverage	\$20,000 of coverage
Child (live birth to age 26)	\$3,000 of coverage	\$ 5,000 of coverage	\$10,000 of coverage
SURVIVING DEPENDENTS OF FORMER EMPLOYEES	\$0.94 Per \$500 Unit, Per Dependent		

By law, the premiums for current employees and pre-Medicare former employees must be the same. For information on how this reduces your premium, visit the Frequently Asked Questions (FAQ) section of the Employees Group Insurance Division (EGID) website and search for *blended rates*.