

OPTIONAL LIFE INSURANCE COVERAGE BI-WEEKLY DEDUCTION

PLAN YEAR 2021

(PAY PERIOD 1/21)

INSURANCE TYPE	COVERAGE AMOUNT	PREMIUM AMOUNT	
Dependent Life Option 1	Spouse \$5,000	\$1.29 (per Dependent Unit)*	
	Child(ren) \$2,500		
Dependent Life Option 2	Spouse \$10,000	\$2.58 (per Dependent Unit)*	
	Child(ren) \$5,000		
Dependent Life Option 3	Spouse \$15,000	\$3.86 (per Dependent Unit)*	
	Child(ren) \$7,500		
Dependent Life Option 4	Spouse \$20,000	\$5.15 (per Dependent Unit)*	
	Child(ren) \$10,000		
Employee Optional Life	<i>per \$1,000 of coverage**</i> <i>+ Note: to calculate the cost of Optional Life #2, multiply the rate x 2.</i>	Age	Rate+
		Under 30	0.021
		30 - 34	0.029
		35 - 39	0.033
		40 - 44	0.037
		45 - 49	0.058
		50 - 54	0.096
		55 - 59	0.170
		60 - 64	0.258
		65 - 69	0.494
		70 - 74	0.802
		75 - 79	0.856
80 - 84	0.856		
85-99	0.856		

* Dependent Unit = Spouse + Child(ren)

**Amount of insurance is based on annual salary, rounded to next highest \$1,000, plus \$2,000.

LIFE INSURANCE COVERAGE MONTHLY DEDUCTION

PLAN YEAR 2021

(PAY PERIOD 1/21)

INSURANCE TYPE	COVERAGE AMOUNT	PREMIUM AMOUNT	
Employee Standard Life	per \$1,000 of coverage	\$.325 Active * \$.295 Retirees**	
Dependent Life Option 1	Spouse \$5,000 Child(ren) \$2,500	\$2.79 (per Dependent Unit)***	
Dependent Life Option 2	Spouse \$10,000 Child(ren) \$5,000	\$5.58 (per Dependent Unit)***	
Dependent Life Option 3****	Spouse \$15,000 Child(ren) \$7,500	\$8.37 (per Dependent Unit)***	
Dependent Life Option 4	Spouse \$20,000 Child(ren) \$10,000	\$11.16 (per Dependent Unit)***	
Employee Optional Life	per \$1,000 of coverage** <i>+ Note: to calculate the cost of Optional Life #2, multiply the rate x 2.</i>	Age	Rate+
		Under 30	\$.045
		30 - 34	.063
		35 - 39	.072
		40 - 44	.081
		45 - 49	.126
		50 - 54	.207
		55 - 59	.369
		60 - 64	.558
		65 - 69	1.071
70 - 74	1.737		
75 - 79	1.854		
80 - 84	1.854		
85 - 99	1.854		

* Includes AD&D at .03 per \$1,000

** Does not include AD&D

*** Dependent Unit = Spouse + Child(ren)