



**PREMIUM RATE SHEET**

Auxiliary Nursing (AUPE)

Section 100

January 1, 2017

		BENEFIT COST PER MONTH		
		Employee Share	Employer Share	Total Monthly Premium
<b>Supplementary Health Care</b> (includes Vision & Mandatory Out of Country)	Single	\$12.40	\$37.21	\$49.61
	Family	\$30.93	\$92.81	\$123.74
<b>Dental Care</b>	Single	\$7.90	\$23.72	\$31.62
	Family	\$19.76	\$59.29	\$79.05
<b>Basic Life</b>	<i>per \$1,000 of benefit</i>	\$0.0480	\$0.1430	\$0.1910
<b>Additional Basic Life</b>	<i>per \$1,000 of benefit</i>	\$0.1910	\$0.0000	\$0.1910
<b>Optional Dependent Life</b>	Spouse \$25,000, each child \$10,000	\$9.34	\$0.00	\$9.34
<b>Basic AD&amp;D</b>	<i>per \$1,000 of benefit</i>	\$0.0025	\$0.0075	\$0.0100
<b>Additional Basic AD&amp;D</b>	<i>per \$1,000 of benefit</i>	\$0.0100	\$0.0000	\$0.0100
<b>Optional AD&amp;D</b>	<i>per \$1,000 of benefit</i>			
	\$25,000 units maximum \$500,000 Employee Only	\$0.022	\$0.000	\$0.0220
	Employee & Family	\$0.031	\$0.000	\$0.0310
<b>Short Term Disability</b>	<i>% monthly insured payroll</i>	0.398%	1.193%	1.591%
<b>Long Term Disability</b>	<i>% monthly insured payroll</i>	1.254%	3.764%	5.018%

<b>Optional Employee Life</b> per \$1,000 of benefit	Female Non-Smoker	Male Non-Smoker	Female Smoker	Male Smoker
Under 30	\$0.037	\$0.046	\$0.056	\$0.074
30-34	\$0.037	\$0.046	\$0.056	\$0.074
35-39	\$0.046	\$0.048	\$0.074	\$0.103
40-44	\$0.066	\$0.074	\$0.112	\$0.149
45-49	\$0.112	\$0.140	\$0.196	\$0.270
50-54	\$0.186	\$0.233	\$0.307	\$0.456
55-59	\$0.298	\$0.428	\$0.466	\$0.791
60-64	\$0.382	\$0.600	\$0.559	\$1.024
65-69	\$0.565	\$0.846	\$0.750	\$1.349

*When applicable, actual rates will be rounded to the nearest cent.*

In the event of a discrepancy or any errors or omissions in this publication, the terms and conditions of official contracts and documents of our group plans will prevail.