

MONTHLY BENEFIT PLAN PREMIUMS

Premiums are subject to change; notification of such changes will typically be during the annual open enrollment period.

	Green Plan or Ram Plan – HDHP	Gold Plan (frozen to new enrollment)	POS Plan
Employee Only			
Total Premium	\$617	\$745	\$847
CSU Pays	\$617	\$617	\$617
You Pay	\$0	\$128	\$230
Employee + 1			
Total Premium	\$1,099	\$1,366	\$1,549
CSU Pays	\$835	\$835	\$835
You Pay	\$264	\$531	\$714
Family			
Total Premium	\$1,545	\$1,929	\$2,197
CSU Pays	\$1,174	\$1,174	\$1,174
You Pay	\$371	\$755	\$1,023
Family-Split*			
Total Premium	\$1,545	\$1,929	\$2,197
CSU Pays	\$1,452	\$1,452	\$1,452
You Pay	\$46.50/each	\$238.50/each	\$372.50/each

	Delta Dental Basic	Delta Dental Plus	VSP Vision
Employee Only			
Total Premium	\$24	\$47	
CSU Pays	\$24	\$24	
You Pay	\$0	\$23	
Employee + 1			
Total Premium	\$43	\$83	
CSU Pays	\$33	\$33	
You Pay	\$10	\$50	
Family			
Total Premium	\$62	\$142	
CSU Pays	\$46	\$46	
You Pay	\$16	\$96	
Family-Split*			
Total Premium	\$62	\$142	
CSU Pays	\$57	\$57	
You Pay	\$2.50/each	\$42.50/each	

*Available if both spouse/partners are benefits-eligible and have at least one child covered under The Plan(s).

VOLUNTARY LIFE INSURANCE PREMIUMS

Voluntary **Employee** Life coverage may be purchased in \$10,000 increments up to \$500,000. Voluntary Spouse, Domestic Partner or Civil Union Partner Life coverage may be purchased in \$10,000 increments up to \$300,000.

Premiums are after-tax and based upon age as of January 1st of each calendar year.

The child rate is a flat rate of \$1.50 regardless of the number of children you have.

Amount	<29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-70	70+
\$10,000	\$0.35	\$0.50	\$0.60	\$0.79	\$1.23	\$1.85	\$3.43	\$5.00	\$8.70	\$15.50
\$20,000	0.70	1.00	1.20	1.58	2.46	3.70	6.86	10.00	17.40	31.00
\$30,000	1.05	1.50	1.80	2.37	3.69	5.55	10.29	15.00	26.10	46.50
\$40,000	1.40	2.00	2.40	3.16	4.92	7.40	13.72	20.00	34.80	62.00
\$50,000	1.75	2.50	3.00	3.95	6.15	9.25	17.15	25.00	43.50	77.50
\$60,000	2.10	3.00	3.60	4.74	7.38	11.10	20.58	30.00	52.20	93.00
\$70,000	2.45	3.50	4.20	5.53	8.61	12.95	24.01	35.00	60.90	108.50
\$80,000	2.80	4.00	4.80	6.32	9.84	14.80	27.44	40.00	69.60	124.00
\$90,000	3.15	4.50	5.40	7.11	11.07	16.65	30.87	45.00	78.30	139.50
\$100,000	3.50	5.00	6.00	7.90	12.30	18.50	34.30	50.00	87.00	155.00
\$110,000	3.85	5.50	6.60	8.69	13.53	20.35	37.73	55.00	95.70	170.50
\$120,000	4.20	6.00	7.20	9.48	14.76	22.20	41.16	60.00	104.40	186.00
\$130,000	4.55	6.50	7.80	10.27	15.99	24.05	44.59	65.00	113.10	201.50
\$140,000	4.90	7.00	8.40	11.06	17.22	25.90	48.02	70.00	121.80	217.00
\$150,000	5.25	7.50	9.00	11.85	18.45	27.75	51.45	75.00	130.50	232.50
\$160,000	5.60	8.00	9.60	12.64	19.68	29.60	54.88	80.00	139.20	248.00
\$170,000	5.95	8.50	10.20	13.43	20.91	31.45	58.31	85.00	147.90	263.50
\$180,000	6.30	9.00	10.80	14.22	22.14	33.30	61.74	90.00	156.60	279.00
\$190,000	6.65	9.50	11.40	15.01	23.37	35.15	65.17	95.00	165.30	294.50
\$200,000	7.00	10.00	12.00	15.80	24.60	37.00	68.60	100.00	174.00	310.00
\$210,000	7.35	10.50	12.60	16.59	25.83	38.85	72.03	105.00	182.70	325.50
\$220,000	7.70	11.00	13.20	17.38	27.06	40.70	75.46	110.00	191.40	341.00
\$230,000	8.05	11.50	13.80	18.17	28.29	42.55	78.89	115.00	200.10	356.50
\$240,000	8.40	12.00	14.40	18.96	29.52	44.40	82.32	120.00	208.80	372.00
\$250,000	8.75	12.50	15.00	19.75	30.75	46.25	85.75	125.00	217.50	387.50
\$260,000	9.10	13.00	15.60	20.54	31.98	48.10	89.18	130.00	226.20	403.00
\$270,000	9.45	13.50	16.20	21.33	33.21	49.95	92.61	135.00	234.90	418.50
\$280,000	9.80	14.00	16.80	22.12	34.44	51.80	96.04	140.00	243.60	434.00
\$290,000	10.15	14.50	17.40	22.91	35.67	53.65	99.47	145.00	252.30	449.50
\$300,000	10.50	15.00	18.00	23.70	36.90	55.50	102.90	150.00	261.00	465.00
\$310,000	10.85	15.50	18.60	24.49	38.13	57.35	106.33	155.00	269.70	480.50
\$320,000	11.20	16.00	19.20	25.28	39.36	59.20	109.76	160.00	278.40	496.00
\$330,000	11.55	16.50	19.80	26.07	40.59	61.05	113.19	165.00	287.10	511.50
\$340,000	11.90	17.00	20.40	26.86	41.82	62.90	116.62	170.00	295.80	527.00
\$350,000	12.25	17.50	21.00	27.65	43.05	64.75	120.05	175.00	304.50	542.50
\$360,000	12.60	18.00	21.60	28.44	44.28	66.60	123.48	180.00	313.20	558.00
\$370,000	12.95	18.50	22.20	29.23	45.51	68.45	126.91	185.00	321.90	573.50
\$380,000	13.30	19.00	22.80	30.02	46.74	70.30	130.34	190.00	330.60	589.00
\$390,000	13.65	19.50	23.40	30.81	47.97	72.15	133.77	195.00	339.30	604.50
\$400,000	14.00	20.00	24.00	31.60	49.20	74.00	137.20	200.00	348.00	620.00
\$410,000	14.35	20.50	24.60	32.39	50.43	75.85	140.63	205.00	356.70	635.50
\$420,000	14.70	21.00	25.20	33.18	51.66	77.70	144.06	210.00	365.40	651.00
\$430,000	15.05	21.50	25.80	33.97	52.89	79.55	147.49	215.00	374.10	666.50
\$440,000	15.40	22.00	26.40	34.76	54.12	81.40	150.92	220.00	382.80	682.00
\$450,000	15.75	22.50	27.00	35.55	55.35	83.25	154.35	225.00	391.50	697.50
\$460,000	16.10	23.00	27.60	36.34	56.58	85.10	157.78	230.00	400.20	713.00
\$470,000	16.45	23.50	28.20	37.13	57.81	86.95	161.21	235.00	408.90	728.50
\$480,000	16.80	24.00	28.80	37.92	59.04	88.80	164.64	240.00	417.60	744.00
\$490,000	17.15	24.50	29.40	38.71	60.27	90.65	168.07	245.00	426.30	759.50
\$500,000	17.50	25.00	30.00	39.50	61.50	92.50	171.50	250.00	435.00	775.00

VOLUNTARY AD&D PREMIUMS

Detailed plan information can be found in the Voluntary AD&D section.

Coverage and Benefit Amounts					Monthly Premiums	
Employee	Spouse, Domestic Partner or Civil Union Partner			Each Child if <u>no</u> Spouse, Domestic Partner or Civil Union Partner (25% of the Employee coverage level)	Employee Only Coverage	Family Coverage
	If no Children (60% of the Employee coverage level)	With Children (50% of the Employee coverage level)	Each Child (15% of the Employee coverage level)			
\$25,000	\$15,000	\$12,500	\$3,750	\$6,250	\$0.38	\$0.95
\$50,000	\$30,000	\$25,000	\$7,500	\$12,500	0.75	1.90
\$75,000	\$45,000	\$37,500	\$11,250	\$18,750	1.13	2.85
\$100,000	\$60,000	\$50,000	\$15,000	\$25,000	1.50	3.80
\$125,000	\$75,000	\$62,500	\$18,750	\$31,250	1.88	4.75
\$150,000	\$90,000	\$75,000	\$22,500	\$37,500	2.25	5.70
\$175,000	\$105,000	\$87,500	\$26,250	\$43,750	2.63	6.65
\$200,000	\$120,000	\$100,000	\$30,000	\$50,000	3.00	7.60
\$225,000	\$135,000	\$112,500	\$33,750	\$56,250	3.38	8.55
\$250,000	\$150,000	\$125,000	\$37,500	\$62,500	3.75	9.50
\$275,000	\$165,000	\$137,500	\$41,250	\$68,750	4.13	10.45
\$300,000	\$180,000	\$150,000	\$45,000	\$75,000	4.50	11.40
\$325,000	\$195,000	\$162,500	\$48,750	\$81,250	4.88	12.35
\$350,000	\$210,000	\$175,000	\$52,500	\$87,500	5.25	13.30
\$375,000	\$225,000	\$187,500	\$56,250	\$93,750	5.63	14.25
\$400,000	\$240,000	\$200,000	\$60,000	\$100,000	6.00	15.20
\$425,000	\$255,000	\$212,500	\$63,750	\$106,250	6.38	16.15
\$450,000	\$270,000	\$225,000	\$67,500	\$112,500	6.75	17.10
\$475,000	\$285,000	\$237,500	\$71,250	\$118,750	7.13	18.05
\$500,000	\$300,000	\$250,000	\$75,000	\$125,000	7.50	19.00

COBRA PREMIUMS

Detailed plan information can be found in the COBRA section.

Coverage Level	Green or Ram Plan-HDHP	Gold	POS	Dental Basic	Dental Plus	Vision	EAP
Single	\$629.34	\$759.90	\$863.94	\$24.48	\$47.94	\$5.91	\$1.22
2 Persons	\$1,120.98	\$1,393.32	\$1,579.98	\$43.86	\$84.66	\$11.79	\$1.22
Family	\$1,575.90	\$1,967.58	\$2,240.94	\$63.24	\$144.84	\$19.01	\$1.22