

**EFFECTIVE JULY 1, 2019**

**STATE MONTHLY RATES (PER \$1,000 OF COVERAGE)**

State	
<b>Basic<sup>1</sup> →</b>	\$0.82
<b>Supplemental One →</b>	Age ≤ 44                      \$0.04
	45 - 49                                \$0.09
	50 - 54                                \$0.13
	55 - 59                                \$0.22
	60 - 64                                \$0.33
	65 plus                                 \$0.43
	2 x Supplemental 1
<b>Supplemental Two →</b>	
<b>Supplemental Three →</b>	3 x Supplemental 1
<b>Dependent A<sup>2</sup> →</b>	\$1.93
<b>Dependent B<sup>2</sup> →</b>	\$3.40

**NOTES:**

1. Basic coverage is equal to employee's annual compensation rounded up to next \$1,000. Premium equals Rate x Annual Compensation.
2. Dependent coverage is a flat monthly rate covering all eligible dependents.

Dependent	Plan A	Plan B
Spouse	\$5,000	\$10,000
Full-time, unmarried student to age 22	\$5,000	\$ 5,000
Children, 6 months to age 19	\$5,000	\$ 5,000
Children, 0 to 6 months	\$1,000	\$ 2,500