

STATE OF ALASKA 2016 VOLUNTARY SUPPLEMENTAL BENEFITS PREMIUM CARD

The monthly premiums for each option are listed below. The total premium cost for the options you select will be withheld from your salary each month. The premiums will be split. Since these premiums are deducted before taxes are calculated, your taxable income is reduced.

The premiums on this card are effective 1/1/2016.

SUPPLEMENTAL LIFE INSURANCE

Level	\$10,000	\$50,000	\$100,000	\$200,000*	\$300,000*
Age					
Under 30	\$0.30	\$1.50	\$3.00	\$6.00	\$9.00
30-39	\$0.40	\$2.00	\$4.00	\$8.00	\$12.00
40-44	\$0.83	\$4.15	\$8.30	\$16.60	\$24.90
45-49	\$1.21	\$6.05	\$12.10	\$24.20	\$36.30
50-54	\$1.87	\$9.35	\$18.70	\$37.40	\$56.10
55-59	\$2.82	\$14.10	\$28.20	\$56.40	\$84.60
60-64	\$4.04	\$20.20	\$40.40	\$80.80	\$121.20
65-69	\$6.35	\$31.75	\$63.50	\$127.00	\$190.50
70-74	\$12.88	\$64.40	\$128.80	\$257.60	\$386.40
75-79	\$24.49	\$122.45	\$244.90	\$489.80	\$734.70
80-84	\$29.22	\$146.10	\$292.20	\$584.40	\$876.60
85+	\$45.00	\$225.00	\$450.00	\$900.00	\$1,350.00

To determine your monthly premium, find your age as of January 1, 2016, the amount of insurance elected, and the corresponding premium on the chart.

*Evidence of insurability is required.

ACCIDENTAL DEATH AND DISMEMBERMENT

Option	Monthly Cost
Employee Only	\$ 1.80
Employee and Family	\$ 2.70

Your monthly premium is based on whom you elect to cover: you or you and your family.

SURVIVOR BENEFITS

Age	Monthly Cost
Under 30	\$ 1.32
30-39	1.60
40-44	2.66
45-49	3.86
50-54	5.98
55-59	9.04
60-64	12.90
65 and Over	18.62

To determine your monthly premium, find your age as of January 1, 2016 and the corresponding premium on the chart.

SHORT-TERM DISABILITY

Who Is Covered	Monthly Cost
Employee	\$ 2.05

Now covers 60% of your monthly base pay, up to a maximum of \$580/week. Every employee who elects this benefit pays the same premium.

LONG-TERM DISABILITY

Age	Premium per \$100 of Wage	
	Plan B (50%)	Plan C (70%)
Under 25	\$.33	\$.74
25-29	.34	.75
30-34	.34	.76
35-39	.35	.78
40-44	.37	.82
45-49	.40	.88
50-54	.44	.96
55-59	.48	1.05
60-64	.49	1.07
65-69	.52	1.11
70 and Over	.64	1.33

To determine your monthly premium, divide your monthly wage by 100 and multiply the result by the monthly premium for your age group.

Example: If your base pay is \$2,000 monthly and you are 54, the cost for Plan B is \$10.40 per month ($2,000 \div 100 = 20 \times \$5.2 = \$10.40$).

DEPENDENT CARE ASSISTANCE PLAN

Minimum Monthly Amount	\$ 25.00
Maximum Monthly Amount	\$ 416.00

You must contribute in whole dollar amounts. The amount of contributions you elect will be deducted from your paycheck in equal amounts throughout the year.