

2011 State Group Insurance Active Employee Monthly Rate Sheet

Effective January 1, 2011

HEALTH	2011 Premiums
Active \$350 Ded.	
Employee	\$726.65
Employee + Children	\$1,103.36
Employee + Spouse	\$1,463.01
Family	\$1,682.18
Split ****	\$841.09
Active \$750 Ded.	
Employee	\$699.19
Employee + Children	\$1,061.67
Employee + Spouse	\$1,407.73
Family	\$1,620.24
Split ****	\$810.12
Active \$1,500 Ded. HDHP	
Employee	\$643.21
Employee + Children	\$976.68
Employee + Spouse	\$1,295.04
Family	\$1,494.98
Split ****	\$747.49
Active \$2,000 Ded. *****	
Employee	\$634.06
Employee + Children	\$962.43
Employee + Spouse	\$1,276.14
Family	\$1,467.34
Split ****	\$733.67

DENTAL

Preventive Dental	
Employee	\$18.53
Family	\$40.92
Split	\$20.46
Optional Dental	
Employee	\$11.75
Family	\$27.54
Split	\$13.77

Active Life Insurance

00-34	50,000	3.34
35-39	50,000	3.34
40-44	50,000	3.66
45-49	50,000	5.29
50-54	50,000	7.90
55-59	50,000	14.43
60-64	32,000	14.04
65-69	21,000	17.58
70-74	14,000	18.94
75-79	9,000	19.71
80-84	6,000	21.28
85 & over	4,500	25.86

Dependent Life Rate	1.46
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New Employer Contribution Levels

Employee Only	\$655.38
Employee + Children	\$994.62
Employee + Spouse	\$1,300.33
Family	\$1,486.62
Split Contracts ****	\$743.31

Your Contribution Calculation

Health Premium		_____
Preventive Dental Premium *	+	_____
Optional Dental Premium	+	_____
Life Insurance Premium	+	_____
Wellness Incentive (\$40)	-	_____
Total Premium	=	_____
Employer Contribution (Active Only)	-	_____
Sub Total **	=	_____
Dependent Life Premium ***	+	_____
Your Contribution	=	_____

* Preventive dental is required when health coverage is elected.

** If "Sub Total" is negative, put zero in the box.

*** Dependent Life cannot be paid for with employer contributions.

**** If both spouses work for State, University and/or Community Colleges, split contribution for family coverage is mandatory.

Note: If both spouses work for State, University and/or Community Colleges, but no children are covered, single coverage is mandatory.