

STATE OF ALASKA 2018 SELECT BENEFITS PREMIUM CARD

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

The contributions on this card are effective 1/1/2018.

MEDICAL

Option	Monthly Employee Cont.: SU, CEA, Exempt AVTCTA	Monthly Employee Cont.: IBU, MEBA, Correctional Officers, TEAME
Standard Plan for Employee and Family	\$ 388.00	\$ 388.00
Economy Plan for Employee and Family	115.00	0.00
Consumer Choice Employee and Family	66.00	66.00
Standard Plan for Employee Only	136.00	136.00
Economy Plan for Employee Only	40.00	0.00
Consumer Choice Employee Only	23.00	23.00

DENTAL

Option	Monthly Employee Contribution
Standard Plan for Employee and Family	\$ 96.00
Economy Plan for Employee and Family	0.00
Standard Plan for Employee Only	34.00
Economy Plan for Employee Only	0.00

Monthly employee contributions are subject to change.

VISION

Option	Monthly Employee Contribution
No Coverage	\$ 0.00
Managed Care Plan for Employee and Family	34.00
Managed Care Plan for Employee Only	12.00

Monthly employee contributions are subject to change.

HEALTH FLEXIBLE SPENDING ACCOUNT

Minimum Monthly Amount	\$ 20.00
Maximum Monthly Amount	220.00

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

SUPPLEMENTAL CRITICAL ILLNESS

Age	Tiers				Rate Basis (multiple by \$15,000 or \$30,000)
	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse/Children	
<25	\$ 0.190	\$ 0.33	\$ 0.36	\$ 0.50	Per \$1,000 per month
25-29	0.210	0.35	0.37	0.52	Per \$1,000 per month
30-34	0.290	0.48	0.45	0.64	Per \$1,000 per month
35-39	0.410	0.67	0.58	0.84	Per \$1,000 per month
40-44	0.630	1.00	0.79	1.17	Per \$1,000 per month
45-49	0.950	1.50	1.12	1.66	Per \$1,000 per month
50-54	1.390	2.17	1.55	2.33	Per \$1,000 per month
55-59	1.950	3.05	2.12	3.21	Per \$1,000 per month
60-64	2.820	4.40	2.99	4.57	Per \$1,000 per month
65-69	4.270	6.65	4.44	6.81	Per \$1,000 per month
70+	6.490	10.04	6.66	10.21	Per \$1,000 per month

Example with \$15,000 of coverage:

A 24-year-old who elects Employee and Spouse (\$0.33) at \$15,000 has a premium of \$4.95 monthly.

Example with \$30,000 of coverage:

A 24-year-old who elects Employee and Spouse (\$0.33) at \$30,000 has a premium of \$9.90 monthly.

SELECT LIFE AND AD&D

Age	Monthly Cost per \$1,000
Under 30	\$ 0.050
30 - 39	0.060
40 - 44	0.100
45 - 49	0.150
50 - 54	0.230
55 - 59	0.357
60 - 64	0.510
65 - 69	0.740
70 - 74	1.632
75 - 79	2.060
80 - 84	2.060
85+	2.060

To determine your monthly premium, find your age as of January 1, 2018, the amount of insurance elected, and the corresponding premium on the chart.

SUPPLEMENTAL LIFE

Age	Monthly Cost per \$1,000
Under 30	\$ 0.030
30 - 39	0.040
40 - 44	0.082
45 - 49	0.120
50 - 54	0.186
55 - 59	0.282
60 - 64	0.404
65 - 69	0.634
70 - 74	1.288
75 - 79	2.060
80 - 84	2.060
85+	2.060

To determine your monthly premium, find your age as of January 1, 2018, the amount of insurance elected, and the corresponding premium on the chart.

Evidence of Insurability is required for \$200,000 and \$300,000.

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.

SHORT-TERM DISABILITY

Who Is Covered	Monthly Cost
Employee	\$ 2.04

Covers 60% of your monthly base pay, up to a maximum of \$577/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	\$ 0.28	\$ 0.63
25-29	0.29	0.64
30-34	0.29	0.65
35-39	0.30	0.66
40-44	0.31	0.70
45-49	0.34	0.75
50-54	0.37	0.82
55-59	0.41	0.89
60-64	0.42	0.91
65-69	0.44	0.94
70+	0.54	1.13

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 \$7.40 per month (2,000 ÷ 100 = 20 x \$0.37 = \$7.40).