

# State of Alaska

## 2020 Select Benefits and Group Life Premiums – Part-Time Employee

The monthly employee 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 monthly employee premiums will be split. Since most of these premiums are deducted before taxes are calculated, your taxable income is reduced.

The premiums on this sheet are effective 1/1/2020.

<b>MEDICAL</b>		
Option	Monthly Employee Contribution: SU, CEA, Exempt, AVTCTA, Correctional Officers, TEAME	Monthly Employee Contribution: IBU, MEBA
Standard Plan for Employee and Family	\$ 1,282.50	\$ 1,282.50
Economy Plan for Employee and Family	1,151.50	991.50
Consumer Choice Employee and Family	1,035.50	1,035.50
Standard Plan for Employee Only	470.50	470.50
Economy Plan for Employee Only	406.00	346.00
Consumer Choice Employee Only	363.50	363.50

<b>DENTAL</b>	
Option	Monthly Employee Premium
Standard Plan for Employee and Family	\$ 124.50
Economy Plan for Employee and Family	24.50
Standard Plan for Employee Only	45.00
Economy Plan for Employee Only	9.50

<b>VISION</b>	
Option	Monthly Employee Premium
No Coverage	\$ 0.00
Managed Care Plan for Employee and Family	38.00
Managed Care Plan for Employee Only	14.00

Monthly employee premiums are subject to change.

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<b>HEALTH FLEXIBLE SPENDING ACCOUNT</b>		
Minimum Monthly Amount	\$ 25.00	You must contribute in whole dollar amounts. The premium amount you elect will be deducted from your paycheck in equal amounts throughout the year.
Maximum Monthly Amount	225.00	

<b>SUPPLEMENTAL CRITICAL ILLNESS</b>					
Age	Tiers				Rate Basis (multiple by \$15,000 or \$30,000)
	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse/Children	
<25	\$ 0.19	\$ 0.33	\$ 0.36	\$ 0.50	Per \$1,000 per month
25-29	0.21	0.35	0.37	0.52	Per \$1,000 per month
30-34	0.29	0.48	0.45	0.64	Per \$1,000 per month
35-39	0.41	0.67	0.58	0.84	Per \$1,000 per month
40-44	0.63	1.00	0.79	1.17	Per \$1,000 per month
45-49	0.95	1.50	1.12	1.66	Per \$1,000 per month
50-54	1.39	2.17	1.55	2.33	Per \$1,000 per month
55-59	1.95	3.05	2.12	3.21	Per \$1,000 per month
60-64	2.82	4.40	2.99	4.57	Per \$1,000 per month
65-69	4.27	6.65	4.44	6.81	Per \$1,000 per month
70+	6.49	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	\$ 0.043
30-39	0.051
40-44	0.085
45-49	0.128
50-54	0.196
55-59	0.303
60-64	0.434
65-69	0.629
70-74	1.387
75-79	1.751
80-84	1.751
85+	1.751

To determine your monthly premium, find your age as of January 1, 2020, the amount of insurance elected, and the corresponding premium on the chart.

SUPPLEMENTAL LIFE	
Age	Monthly Cost per \$1,000
Under 30	\$ 0.026
30-39	0.034
40-44	0.070
45-49	0.102
50-54	0.158
55-59	0.240
60-64	0.343
65-69	0.539
70-74	1.095
75-79	1.751
80-84	1.751
85+	1.751

To determine your monthly premium, find your age as of January 1, 2020, 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	\$ 1.50
Employee and Family	2.30

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	\$ 3.06

Covers 60% of your monthly gross 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	\$ 0.24	\$ 0.54
25-29	0.25	0.54
30-34	0.25	0.55
35-39	0.26	0.56
40-44	0.26	0.60
45-49	0.29	0.64
50-54	0.31	0.70
55-59	0.35	0.76
60-64	0.36	0.77
65-69	0.37	0.80
70+	0.46	0.96

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 gross pay is \$2,000 monthly and you are 54, the cost for Plan B is \$6.20 per month ( $2,000 \div 100 = 20 \times \$0.31 = \$6.20$ ).

Premiums are determined by your pay of record on October 1 for the benefit year beginning on the first day of the following January.