



What's Changing In 2025

The AUHSD insurance committee has made the following changes and enhancements to your health benefits.

All changes take effect January 1, 2025.

Want to learn more?

Optional DROP IN informational meetings held at the District Office in the La Palma Room

- November 4, 7:00-9:00 AM
- November 5, 12:00-2:00 PM
- November 7, 4:00-6:00 PM

Medical & Prescription Plans

Plan	What's Changing	From/To
PPO Medical	Individual and Family Deductible (Family = 4+ members on the plan)	Individual deductible from \$275 to \$325 Family deductible from \$1,100 to \$1,300
EPO Medical	Office Visit & Specialist Copay	Office Visit copay from \$20 to \$25 Specialist Visit copay from \$20 to \$25
EPO Medical	Out-Patient Surgery Copay	From \$0 to \$150
PPO & EPO Prescription (Rx) Drugs	Prescription Drug Copays <i>Network provider - Subject to the applicable copay as generic, formulary, or non-formulary - there is no out-of-network coverage</i>	Retail (34-day) Copay: • Generic - from \$7 to \$10 • Brand Name Formulary - from \$25 to \$30 • Non-Formulary Brand from - \$50 to \$60 Mail Order & Retail 90 (90-day supply) Copay: • Generic - from \$14 to \$20 • Brand Name Formulary - from \$50 to \$60 • Non-Formulary Brand - from \$100 to \$120 Specialty Drugs: (34-90-day) through BioPlus Specialty Pharmacy, a Carelon company

Medical ID cards

With the changes to both the EPO and PPO medical plans and the prescription drug plan, new medical ID cards will be issued from Luminare Health. The new ID cards will arrive at your address on file on or about January 1, 2025. If you do not receive your medical ID card, contact Luminare Health at 866.280.4120 and ask for assistance.

Life Insurance

- Voya Financial will be replacing Lincoln Financial as the life insurance carrier for the AUHSD Basic Life and Supplemental Life Plans. **Your basic life coverage will remain unchanged and continues at 100% district paid.** If you currently have supplemental coverage with Lincoln, Voya will honor your current coverage at the same rate unless you or your spouse are 1) age-banding into the next rate increase or age reduction, or 2) increasing your coverage amount.
- **Voya is offering a one-time open enrollment that includes late entrants. Employees will be allowed to increase up to the new supplemental Guaranteed Issue (GI) limit of \$150,000, spouse can increase up to the GI of \$20,000 without evidence of insurability (EOI).**

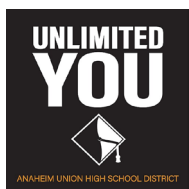
	Initial Open Enrollment	Supplemental Life & AD&D	Ongoing Enrollment
Employee	You may elect up to \$150,000 without providing EOI during the initial open enrollment opportunity.	\$500,000 in \$10,000 increments, not to exceed 5 times basic annual earnings.	You may elect 2 increments up to \$150,000 without EOI.
Spouse	You may elect up to \$20,000 without providing EOI during the initial enrollment opportunity.	\$250,000 in \$5,000 increments. Coverage cannot exceed 50% of employee's approved Supplemental Life Insurance amount.	You may elect 2 increments up to \$20,000 without EOI.
Children	No EOI needed.	Increments of \$2,000 to \$10,000.	No EOI needed.

2025 AUHSD Medical Plan Comparison

Both the EPO and PPO utilize the Anthem Blue Cross Prudent Buyer EPO/PPO network

Note: The EPO plan does not coordinate coverage with other medical plans

Benefit	EPO In-Network Only	PPO	
		In-Network	Non-Network
<i>Lifetime Maximum</i>	Unlimited	Unlimited	
<i>Calendar Year Deductible</i>	None	\$325 Individual / \$1,300 Family	
<i>Calendar Year Out-of-Pocket Maximum</i> (including deductible)	\$2,000 Individual / \$4,000 Family	\$1,475/Individual \$5,900/Family	\$5,075/Individual \$20,300/Family
<i>Prescription Drug Out-of-Pocket Maximum</i>	Included in Calendar Year Out-of-Pocket Maximum	\$5,125 Individual / \$7,300 Family	
<i>Office Visit</i> - Physicians and Specialists	\$25 copay	10% after deductible	40% after deductible
<i>Preventive Care</i> - Adult-annual physical, mammogram, Children-immunizations, well-baby	No charge	No charge	40% after deductible
<i>Hospitalization</i> - Inpatient - Outpatient surgery	No charge \$150 copay	10% after deductible	40% after deductible
<i>Emergency Room</i> (copay waived if admitted or under observation)	\$150 copay	\$100 copay + 10% after deductible	
<i>Diagnostic Test</i> - X-ray, blood work - Imaging (CT/PET scans, MRI's)	No Charge \$100 copay/test	10% after deductible 10% after deductible	40% after deductible 40% after deductible
<i>Chiropractic Care & Acupuncture</i>	\$25 copay (Limited to a maximum of 52 visits per year combined with rehabilitation services & physical therapy)	10% after deductible Maximum 52 visits per calendar year	No coverage
<i>Physical Therapy</i>	\$25 copay (Limited to a maximum of 52 visits per year combined with rehabilitation services, acupuncture & chiropractic care)	10% after deductible	No coverage
<i>Mental Health & Substance Abuse</i> - Inpatient/treatment - Office visits	No charge \$25 copay	10% after deductible 10% after deductible	40% after deductible 40% after deductible
<i>Prescription Drugs</i> <i>Anthem/CarelonRx</i>	Retail (34-day) Copay: Generic \$10 / Brand Name Formulary \$30/ Non-Formulary Brand \$60 Mail Order & Retail 90 (90-day supply) Copay: Generic \$20 / Brand Name Formulary \$60 / Non-Formulary Brand \$120 Specialty Drugs: (34-90-day) through BioPlus Specialty Pharmacy, a Carelon company Network provider - Subject to the applicable copay as generic, formulary, or non-formulary – there is no out-of-network coverage		



One-Time Opportunity for Optional Life Insurance with Guaranteed Issue

Want to learn more?

Optional DROP IN informational meetings held at the District office in the La Palma Room
November 4, 7:00-9:00 AM, November 5, 12:00-2:00 PM, November 7, 4:00-6:00 PM

What is Supplemental Life Insurance?

Supplemental Life Insurance is additional coverage you can purchase, at your cost, that is over and above your basic life insurance coverage provided to you by AUHSD.

AUHSD pays for your basic life insurance coverage.

Supplemental life insurance is voluntary and paid by you.

Life Insurance Changes Effective 01.01.25

The District will transition from Lincoln Life to Voya as the District's life insurance carrier.

The AUHSD-Paid Basic Life Insurance Coverage will remain unchanged at \$50,000.*

Learn More

<https://presents.voya.com/EBRC/AUHSD>



Eligibility

- Full & Part-Time Certificated Employees
- Classified Employees working 20 hours or more per week
- Management Employees
- Board Members
- Personnel Commissioners

What Do I Need To Know?

Special Open Enrollment Dates for Supplemental Life Insurance

- November 1 – November 15, 2024
- Initial Open Enrollment Guaranteed Issue amounts without evidence of insurability
 - Employee: \$150,000
 - Spouse: \$20,000
 - Dependent Child(ren): Up to \$10,000

Guaranteed Issue amounts valid from November 1 – November 15 Only

* Employees in a management position may have more coverage.



Group Term Supplemental Life & AD&D Insurance

What is Group Term Life Insurance?

With **Group Term Life Insurance**, your beneficiaries will be paid proceeds if you pass away during the term of the coverage.

Accidental Death & Dismemberment(AD&D) Insurance is included with your coverage, which provides you or your beneficiary a separate payment if you die or are severely injured in a covered accident.

Why should I consider supplemental coverage?

- It can help fill the gaps in the basic coverage you get from your employer.
- It can increase your coverage amount and provide additional protection to help pay for things like bills, tuition, and more.
- It offers an opportunity to cover your spouse and children, as well.

How much supplemental coverage can I get?

During the 2024 open enrollment you have the opportunity to enroll up to the Guaranteed Issue \$150,000 for yourself and \$20,000 for your spouse without answering medical questions. Elections made during annual enrollment will be effective 01/01/2025.

	Initial Open Enrollment	Supplemental Life & AD&D	Ongoing Enrollment
You	You may elect up to \$150,000 without providing evidence of insurability during your initial enrollment opportunity.	\$500,000 in \$10,000 increments, not to exceed 5 times basic annual earnings.	You may elect 2 increments up to \$150,000 without evidence of insurability
Your Spouse*	You may elect up to \$20,000 without providing evidence of insurability during your initial enrollment opportunity.	\$250,000 in \$5,000 increments. Coverage cannot exceed 50% of your approved employee Supplemental Life Insurance amount.	You may elect 2 increments up to \$20,000 without evidence of insurability.
Your Children*	No evidence of insurability needed.	Increments of \$2,000 to \$10,000	No evidence of insurability needed.

When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.

Age reductions

Benefit amount reduces to 65% of original coverage when the employee or spouse reaches employee age 65; 45% at age 70; 30% at age 75; and 20% at age 80. Premium amounts are also reduced for the new benefit amount(s).

Coverage is available only if employee coverage is elected.
*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This includes a domestic partner as defined by the group policy. Please contact your employer for more information.
**Children birth to age 26 and as defined by your employer's plan. Coverage is available only if employee coverage is elected.

What else is included?

Accelerated Death Benefit If you are diagnosed with a terminal illness with limited life expectancy, this living benefit may pay you a portion of the benefit while you are still living. Receipt of this living benefit may be taxable or may adversely affect your eligibility for Medicaid or other government benefits. You should consult with your personal tax advisor before using the Accelerated Death Benefit.

Accidental Death Insurance pays a benefit (in addition to the life insurance benefit) to your beneficiary if you die as the result of a covered accident.

Waiver of Premium benefit allows you to keep your Group Term Life Basic and Supplemental coverage for a period of time without paying premiums if you aren't working because you are totally disabled.

Continue (Port) or convert coverage If your employment ends or you no longer meet your employer's eligibility criteria, you may have the option to continue coverage by paying premiums directly to the insurance company. You may also have the option to convert coverage into an individual Whole Life Insurance policy. Coverage for your spouse or children is also available.

Exclusions and limitations

Supplemental Life Insurance coverages have a two-year suicide exclusion from the effective date of coverage or an increase in coverage.

AD&D Accidental Death Insurance has exclusions that are described in the certificate of insurance or rider.

Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (877) 236-7564

Scan the QR code to visit the Employee Benefits Resource Center to learn more about this benefit

<https://presents.voya.com/EBRC/AUHSD>



This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Group Term Life Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form ICC LP14GP or LP00GP (may vary by state).

For employees of Anaheim Union High School District

Acct # :670871 , Date Prepared: 08/19/2024

VOYA LIFE INSURANCE

Guaranteed Life Insurance Coverage Amount

Employee Coverage – Supplemental/Optional

- Initial open enrollment: When you are first offered this coverage, you can choose a coverage amount not to exceed \$150,000 without providing evidence of insurability (EOI).
- Annual Limited Enrollment/Family Status Change: If you are a continuing employee, you can increase your coverage amount by two levels – up to the Guarantee Issue amount – without providing EOI. If you select coverage in an amount higher than this number, you will be required to submit EOI. If you have been previously denied coverage, you will be required to submit EOI.
- If you decline this coverage now and wish to enroll later, EOI may be required and may be at your own expense.

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to \$500,000. Evidence of Insurability (EOI) may be required for optional life coverage.
- When you reach age 65, your Optional Life and AD&D coverage will reduce to 65% of the original amount. When you reach age 70, life benefits reduce to 45% of the original amount. When you reach age 75, life benefits reduce to 30% of the original amount. When you reach age 80, life benefits reduce to 20% of the original amount.

Dependent Spouse or Domestic Partner Coverage - Supplemental/Optional *

- Initial open enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$20,000 for your spouse without providing evidence of insurability (EOI).
- Annual Limited Enrollment/Family Status Change: If you are a continuing employee, you can increase your coverage amount by two levels – up to the Guarantee Issue amount – without providing EOI. If you select coverage in an amount higher than this number, you will be required to submit EOI. If you have been previously denied coverage, you will be required to submit EOI.
- If you decline this coverage now and wish to enroll later, EOI may be required and may be at your own expense.

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to \$250,000. Evidence of Insurability (EOI) may be required for optional life coverage. Coverage cannot exceed 50% of employee's approved Supplemental Life insurance amount.
- When you reach age 65, your Optional Life and AD&D coverage will reduce to 65% of the original amount. When you reach age 70, life benefits reduce to 45% of the original amount. When you reach age 75, life benefits reduce to 30% of the original amount. When you reach age 80, life benefits reduce to 20% of the original amount.

Dependent Child(ren) Coverage *

- Enrollment: you can choose a coverage amount up to \$10,000 if under 26 years

**You can secure optional term life insurance for your spouse/DP or child(ren) if you select coverage for yourself.*



Anaheim Union High School District

You may elect Life amounts in increments of \$10,000 up to \$500,000 not to exceed 5 times Annual earnings.

Note: Benefits reduce to 65% at age 65, at age 70 benefits reduce to 45%, at age 75 benefits reduce to 30% and at age 80 benefits reduce to 20%.

Employee Cost - Tenthly Optional Life and AD&D Rate Chart

Rate per \$1,000	0.084	0.096	0.120	0.132	0.144	0.204	0.300	0.540	0.816	1.548	2.496
Age	0-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$5,000	\$0.42	\$0.48	\$0.60	\$0.66	\$0.72	\$1.02	\$1.50	\$2.70	\$4.08	\$7.74	\$12.48
\$10,000	\$0.84	\$0.96	\$1.20	\$1.32	\$1.44	\$2.04	\$3.00	\$5.40	\$8.16	\$15.48	\$24.96
\$20,000	\$1.68	\$1.92	\$2.40	\$2.64	\$2.88	\$4.08	\$6.00	\$10.80	\$16.32	\$30.96	\$49.92
\$30,000	\$2.52	\$2.88	\$3.60	\$3.96	\$4.32	\$6.12	\$9.00	\$16.20	\$24.48	\$46.44	\$74.88
\$40,000	\$3.36	\$3.84	\$4.80	\$5.28	\$5.76	\$8.16	\$12.00	\$21.60	\$32.64	\$61.92	\$99.84
\$50,000	\$4.20	\$4.80	\$6.00	\$6.60	\$7.20	\$10.20	\$15.00	\$27.00	\$40.80	\$77.40	\$124.80
\$60,000	\$5.04	\$5.76	\$7.20	\$7.92	\$8.64	\$12.24	\$18.00	\$32.40	\$48.96	\$92.88	\$149.76
\$70,000	\$5.88	\$6.72	\$8.40	\$9.24	\$10.08	\$14.28	\$21.00	\$37.80	\$57.12	\$108.36	\$174.72
\$80,000	\$6.72	\$7.68	\$9.60	\$10.56	\$11.52	\$16.32	\$24.00	\$43.20	\$65.28	\$123.84	\$199.68
\$90,000	\$7.56	\$8.64	\$10.80	\$11.88	\$12.96	\$18.36	\$27.00	\$48.60	\$73.44	\$139.32	\$224.64
\$100,000	\$8.40	\$9.60	\$12.00	\$13.20	\$14.40	\$20.40	\$30.00	\$54.00	\$81.60	\$154.80	\$249.60
\$110,000	\$9.24	\$10.56	\$13.20	\$14.52	\$15.84	\$22.44	\$33.00	\$59.40	\$89.76	\$170.28	\$274.56
\$120,000	\$10.08	\$11.52	\$14.40	\$15.84	\$17.28	\$24.48	\$36.00	\$64.80	\$97.92	\$185.76	\$299.52
\$130,000	\$10.92	\$12.48	\$15.60	\$17.16	\$18.72	\$26.52	\$39.00	\$70.20	\$106.08	\$201.24	\$324.48
\$140,000	\$11.76	\$13.44	\$16.80	\$18.48	\$20.16	\$28.56	\$42.00	\$75.60	\$114.24	\$216.72	\$349.44
\$150,000	\$12.60	\$14.40	\$18.00	\$19.80	\$21.60	\$30.60	\$45.00	\$81.00	\$122.40	\$232.20	\$374.40
\$160,000	\$13.44	\$15.36	\$19.20	\$21.12	\$23.04	\$32.64	\$48.00	\$86.40	\$130.56	\$247.68	\$399.36
\$170,000	\$14.28	\$16.32	\$20.40	\$22.44	\$24.48	\$34.68	\$51.00	\$91.80	\$138.72	\$263.16	\$424.32
\$180,000	\$15.12	\$17.28	\$21.60	\$23.76	\$25.92	\$36.72	\$54.00	\$97.20	\$146.88	\$278.64	\$449.28
\$190,000	\$15.96	\$18.24	\$22.80	\$25.08	\$27.36	\$38.76	\$57.00	\$102.60	\$155.04	\$294.12	\$474.24
\$200,000	\$16.80	\$19.20	\$24.00	\$26.40	\$28.80	\$40.80	\$60.00	\$108.00	\$163.20	\$309.60	\$499.20
\$210,000	\$17.64	\$20.16	\$25.20	\$27.72	\$30.24	\$42.84	\$63.00	\$113.40	\$171.36	\$325.08	\$524.16
\$220,000	\$18.48	\$21.12	\$26.40	\$29.04	\$31.68	\$44.88	\$66.00	\$118.80	\$179.52	\$340.56	\$549.12
\$230,000	\$19.32	\$22.08	\$27.60	\$30.36	\$33.12	\$46.92	\$69.00	\$124.20	\$187.68	\$356.04	\$574.08
\$240,000	\$20.16	\$23.04	\$28.80	\$31.68	\$34.56	\$48.96	\$72.00	\$129.60	\$195.84	\$371.52	\$599.04
\$250,000	\$21.00	\$24.00	\$30.00	\$33.00	\$36.00	\$51.00	\$75.00	\$135.00	\$204.00	\$387.00	\$624.00
\$260,000	\$21.84	\$24.96	\$31.20	\$34.32	\$37.44	\$53.04	\$78.00	\$140.40	\$212.16	\$402.48	\$648.96
\$270,000	\$22.68	\$25.92	\$32.40	\$35.64	\$38.88	\$55.08	\$81.00	\$145.80	\$220.32	\$417.96	\$673.92
\$280,000	\$23.52	\$26.88	\$33.60	\$36.96	\$40.32	\$57.12	\$84.00	\$151.20	\$228.48	\$433.44	\$698.88
\$290,000	\$24.36	\$27.84	\$34.80	\$38.28	\$41.76	\$59.16	\$87.00	\$156.60	\$236.64	\$448.92	\$723.84
\$300,000	\$25.20	\$28.80	\$36.00	\$39.60	\$43.20	\$61.20	\$90.00	\$162.00	\$244.80	\$464.40	\$748.80
\$310,000	\$26.04	\$29.76	\$37.20	\$40.92	\$44.64	\$63.24	\$93.00	\$167.40	\$252.96	\$479.88	\$773.76
\$320,000	\$26.88	\$30.72	\$38.40	\$42.24	\$46.08	\$65.28	\$96.00	\$172.80	\$261.12	\$495.36	\$798.72
\$330,000	\$27.72	\$31.68	\$39.60	\$43.56	\$47.52	\$67.32	\$99.00	\$178.20	\$269.28	\$510.84	\$823.68
\$340,000	\$28.56	\$32.64	\$40.80	\$44.88	\$48.96	\$69.36	\$102.00	\$183.60	\$277.44	\$526.32	\$848.64
\$350,000	\$29.40	\$33.60	\$42.00	\$46.20	\$50.40	\$71.40	\$105.00	\$189.00	\$285.60	\$541.80	\$873.60
\$360,000	\$30.24	\$34.56	\$43.20	\$47.52	\$51.84	\$73.44	\$108.00	\$194.40	\$293.76	\$557.28	\$898.56
\$370,000	\$31.08	\$35.52	\$44.40	\$48.84	\$53.28	\$75.48	\$111.00	\$199.80	\$301.92	\$572.76	\$923.52
\$380,000	\$31.92	\$36.48	\$45.60	\$50.16	\$54.72	\$77.52	\$114.00	\$205.20	\$310.08	\$588.24	\$948.48
\$390,000	\$32.76	\$37.44	\$46.80	\$51.48	\$56.16	\$79.56	\$117.00	\$210.60	\$318.24	\$603.72	\$973.44
\$400,000	\$33.60	\$38.40	\$48.00	\$52.80	\$57.60	\$81.60	\$120.00	\$216.00	\$326.40	\$619.20	\$998.40
\$410,000	\$34.44	\$39.36	\$49.20	\$54.12	\$59.04	\$83.64	\$123.00	\$221.40	\$334.56	\$634.68	\$1,023.36
\$420,000	\$35.28	\$40.32	\$50.40	\$55.44	\$60.48	\$85.68	\$126.00	\$226.80	\$342.72	\$650.16	\$1,048.32
\$430,000	\$36.12	\$41.28	\$51.60	\$56.76	\$61.92	\$87.72	\$129.00	\$232.20	\$350.88	\$665.64	\$1,073.28
\$440,000	\$36.96	\$42.24	\$52.80	\$58.08	\$63.36	\$89.76	\$132.00	\$237.60	\$359.04	\$681.12	\$1,098.24
\$450,000	\$37.80	\$43.20	\$54.00	\$59.40	\$64.80	\$91.80	\$135.00	\$243.00	\$367.20	\$696.60	\$1,123.20
\$460,000	\$38.64	\$44.16	\$55.20	\$60.72	\$66.24	\$93.84	\$138.00	\$248.40	\$375.36	\$712.08	\$1,148.16
\$470,000	\$39.48	\$45.12	\$56.40	\$62.04	\$67.68	\$95.88	\$141.00	\$253.80	\$383.52	\$727.56	\$1,173.12
\$480,000	\$40.32	\$46.08	\$57.60	\$63.36	\$69.12	\$97.92	\$144.00	\$259.20	\$391.68	\$743.04	\$1,198.08
\$490,000	\$41.16	\$47.04	\$58.80	\$64.68	\$70.56	\$99.96	\$147.00	\$264.60	\$399.84	\$758.52	\$1,223.04
\$500,000	\$42.00	\$48.00	\$60.00	\$66.00	\$72.00	\$102.00	\$150.00	\$270.00	\$408.00	\$774.00	\$1,248.00

* You will pay the monthly premium based on the amount of your available benefit after the age reduction.

Spouse/Domestic Partner - Tenthly Optional Life and AD&D Rates											
Rate per \$1,000	0.090	0.102	0.126	0.138	0.150	0.210	0.306	0.546	0.822	1.554	2.502
Age	0-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$5,000	\$0.45	\$0.51	\$0.63	\$0.69	\$0.75	\$1.05	\$1.53	\$2.73	\$4.11	\$7.77	\$12.51
\$10,000	\$0.90	\$1.02	\$1.26	\$1.38	\$1.50	\$2.10	\$3.06	\$5.46	\$8.22	\$15.54	\$25.02
\$15,000	\$1.35	\$1.53	\$1.89	\$2.07	\$2.25	\$3.15	\$4.59	\$8.19	\$12.33	\$23.31	\$37.53
\$20,000	\$1.80	\$2.04	\$2.52	\$2.76	\$3.00	\$4.20	\$6.12	\$10.92	\$16.44	\$31.08	\$50.04
\$25,000	\$2.25	\$2.55	\$3.15	\$3.45	\$3.75	\$5.25	\$7.65	\$13.65	\$20.55	\$38.85	\$62.55
\$30,000	\$2.70	\$3.06	\$3.78	\$4.14	\$4.50	\$6.30	\$9.18	\$16.38	\$24.66	\$46.62	\$75.06
\$35,000	\$3.15	\$3.57	\$4.41	\$4.83	\$5.25	\$7.35	\$10.71	\$19.11	\$28.77	\$54.39	\$87.57
\$40,000	\$3.60	\$4.08	\$5.04	\$5.52	\$6.00	\$8.40	\$12.24	\$21.84	\$32.88	\$62.16	\$100.08
\$45,000	\$4.05	\$4.59	\$5.67	\$6.21	\$6.75	\$9.45	\$13.77	\$24.57	\$36.99	\$69.93	\$112.59
\$50,000	\$4.50	\$5.10	\$6.30	\$6.90	\$7.50	\$10.50	\$15.30	\$27.30	\$41.10	\$77.70	\$125.10
\$55,000	\$4.95	\$5.61	\$6.93	\$7.59	\$8.25	\$11.55	\$16.83	\$30.03	\$45.21	\$85.47	\$137.61
\$60,000	\$5.40	\$6.12	\$7.56	\$8.28	\$9.00	\$12.60	\$18.36	\$32.76	\$49.32	\$93.24	\$150.12
\$65,000	\$5.85	\$6.63	\$8.19	\$8.97	\$9.75	\$13.65	\$19.89	\$35.49	\$53.43	\$101.01	\$162.63
\$70,000	\$6.30	\$7.14	\$8.82	\$9.66	\$10.50	\$14.70	\$21.42	\$38.22	\$57.54	\$108.78	\$175.14
\$75,000	\$6.75	\$7.65	\$9.45	\$10.35	\$11.25	\$15.75	\$22.95	\$40.95	\$61.65	\$116.55	\$187.65
\$80,000	\$7.20	\$8.16	\$10.08	\$11.04	\$12.00	\$16.80	\$24.48	\$43.68	\$65.76	\$124.32	\$200.16
\$85,000	\$7.65	\$8.67	\$10.71	\$11.73	\$12.75	\$17.85	\$26.01	\$46.41	\$69.87	\$132.09	\$212.67
\$90,000	\$8.10	\$9.18	\$11.34	\$12.42	\$13.50	\$18.90	\$27.54	\$49.14	\$73.98	\$139.86	\$225.18
\$95,000	\$8.55	\$9.69	\$11.97	\$13.11	\$14.25	\$19.95	\$29.07	\$51.87	\$78.09	\$147.63	\$237.69
\$100,000	\$9.00	\$10.20	\$12.60	\$13.80	\$15.00	\$21.00	\$30.60	\$54.60	\$82.20	\$155.40	\$250.20
\$105,000	\$9.45	\$10.71	\$13.23	\$14.49	\$15.75	\$22.05	\$32.13	\$57.33	\$86.31	\$163.17	\$262.71
\$110,000	\$9.90	\$11.22	\$13.86	\$15.18	\$16.50	\$23.10	\$33.66	\$60.06	\$90.42	\$170.94	\$275.22
\$115,000	\$10.35	\$11.73	\$14.49	\$15.87	\$17.25	\$24.15	\$35.19	\$62.79	\$94.53	\$178.71	\$287.73
\$120,000	\$10.80	\$12.24	\$15.12	\$16.56	\$18.00	\$25.20	\$36.72	\$65.52	\$98.64	\$186.48	\$300.24
\$125,000	\$11.25	\$12.75	\$15.75	\$17.25	\$18.75	\$26.25	\$38.25	\$68.25	\$102.75	\$194.25	\$312.75
\$130,000	\$11.70	\$13.26	\$16.38	\$17.94	\$19.50	\$27.30	\$39.78	\$70.98	\$106.86	\$202.02	\$325.26
\$135,000	\$12.15	\$13.77	\$17.01	\$18.63	\$20.25	\$28.35	\$41.31	\$73.71	\$110.97	\$209.79	\$337.77
\$140,000	\$12.60	\$14.28	\$17.64	\$19.32	\$21.00	\$29.40	\$42.84	\$76.44	\$115.08	\$217.56	\$350.28
\$145,000	\$13.05	\$14.79	\$18.27	\$20.01	\$21.75	\$30.45	\$44.37	\$79.17	\$119.19	\$225.33	\$362.79
\$150,000	\$13.50	\$15.30	\$18.90	\$20.70	\$22.50	\$31.50	\$45.90	\$81.90	\$123.30	\$233.10	\$375.30
\$155,000	\$13.95	\$15.81	\$19.53	\$21.39	\$23.25	\$32.55	\$47.43	\$84.63	\$127.41	\$240.87	\$387.81
\$160,000	\$14.40	\$16.32	\$20.16	\$22.08	\$24.00	\$33.60	\$48.96	\$87.36	\$131.52	\$248.64	\$400.32
\$165,000	\$14.85	\$16.83	\$20.79	\$22.77	\$24.75	\$34.65	\$50.49	\$90.09	\$135.63	\$256.41	\$412.83
\$170,000	\$15.30	\$17.34	\$21.42	\$23.46	\$25.50	\$35.70	\$52.02	\$92.82	\$139.74	\$264.18	\$425.34
\$175,000	\$15.75	\$17.85	\$22.05	\$24.15	\$26.25	\$36.75	\$53.55	\$95.55	\$143.85	\$271.95	\$437.85
\$180,000	\$16.20	\$18.36	\$22.68	\$24.84	\$27.00	\$37.80	\$55.08	\$98.28	\$147.96	\$279.72	\$450.36
\$185,000	\$16.65	\$18.87	\$23.31	\$25.53	\$27.75	\$38.85	\$56.61	\$101.01	\$152.07	\$287.49	\$462.87
\$190,000	\$17.10	\$19.38	\$23.94	\$26.22	\$28.50	\$39.90	\$58.14	\$103.74	\$156.18	\$295.26	\$475.38
\$195,000	\$17.55	\$19.89	\$24.57	\$26.91	\$29.25	\$40.95	\$59.67	\$106.47	\$160.29	\$303.03	\$487.89
\$200,000	\$18.00	\$20.40	\$25.20	\$27.60	\$30.00	\$42.00	\$61.20	\$109.20	\$164.40	\$310.80	\$500.40
\$205,000	\$18.45	\$20.91	\$25.83	\$28.29	\$30.75	\$43.05	\$62.73	\$111.93	\$168.51	\$318.57	\$512.91
\$210,000	\$18.90	\$21.42	\$26.46	\$28.98	\$31.50	\$44.10	\$64.26	\$114.66	\$172.62	\$326.34	\$525.42
\$215,000	\$19.35	\$21.93	\$27.09	\$29.67	\$32.25	\$45.15	\$65.79	\$117.39	\$176.73	\$334.11	\$537.93
\$220,000	\$19.80	\$22.44	\$27.72	\$30.36	\$33.00	\$46.20	\$67.32	\$120.12	\$180.84	\$341.88	\$550.44
\$225,000	\$20.25	\$22.95	\$28.35	\$31.05	\$33.75	\$47.25	\$68.85	\$122.85	\$184.95	\$349.65	\$562.95
\$230,000	\$20.70	\$23.46	\$28.98	\$31.74	\$34.50	\$48.30	\$70.38	\$125.58	\$189.06	\$357.42	\$575.46
\$235,000	\$21.15	\$23.97	\$29.61	\$32.43	\$35.25	\$49.35	\$71.91	\$128.31	\$193.17	\$365.19	\$587.97
\$240,000	\$21.60	\$24.48	\$30.24	\$33.12	\$36.00	\$50.40	\$73.44	\$131.04	\$197.28	\$372.96	\$600.48
\$245,000	\$22.05	\$24.99	\$30.87	\$33.81	\$36.75	\$51.45	\$74.97	\$133.77	\$201.39	\$380.73	\$612.99
\$250,000	\$22.50	\$25.50	\$31.50	\$34.50	\$37.50	\$52.50	\$76.50	\$136.50	\$205.50	\$388.50	\$625.50

Child Cost- Tenthly Optional Life and AD&D Rates	
Rate	0.270
\$2,000	\$0.54
\$4,000	\$1.08
\$6,000	\$1.62
\$8,000	\$2.16
\$10,000	\$2.70