

**EFFECTIVE JULY 1, 2025
STATE TWICE MONTHLY & MONTHLY RATES (PER \$1,000 OF COVERAGE)**

COVERAGE	State – Twice Monthly (24 Pay Periods)	State – Monthly
Basic¹ →	\$0.52	\$1.04
Supplemental One →	Age ≤ 44 \$0.02	Age ≤ 44 \$0.04
	45 - 49 \$0.04	45 - 49 \$0.08
	50 - 54 \$0.07	50 - 54 \$0.14
	55 - 59 \$0.11	55 - 59 \$0.22
	60 - 64 \$0.16	60 - 64 \$0.32
	65 plus \$0.22	65 plus \$0.44
	Supplemental Two →	2 x Supplemental 1
Supplemental Three →	3 x Supplemental 1	3 x Supplemental 1
Dependent A² →	\$0.96	\$1.92
Dependent B² →	\$1.70	\$3.40

NOTES:

- Basic coverage is equal to employee's annual compensation rounded up to next \$1,000. Premium equals Rate x Annual Compensation.
- Dependent coverage is a flat bi-weekly rate covering all eligible dependents.

<u>Dependent</u>	<u>Plan A</u>	<u>Plan B</u>
Spouse	\$5,000	\$10,000
Full-time, unmarried student to age 22	\$5,000	\$ 5,000
Children, 6 months to age 19	\$5,000	\$ 5,000
Children, 0 to 6 months	\$1,000	\$ 2,500