

EFFECTIVE JULY 1, 2025

PLD MONTHLY RATES (PER \$1,000 OF COVERAGE)

COVERAGE	PLD	
Basic¹ →	\$0.52	
Supplemental One →	Age ≤ 34	\$0.04
	35 - 44	\$0.07
	45 - 49	\$0.11
	50 - 54	\$0.15
	55 - 59	\$0.30
	60 - 64	\$0.43
	65 plus	\$0.87
Supplemental Two →	2 x Supplemental 1	
Supplemental Three →	3 x Supplemental 1	
Dependent A² →	\$1.93	
Dependent B² →	\$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 monthly 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