

**EFFECTIVE JULY 1, 2024
STATE TWICE MONTHLY & MONTHLY RATES (PER \$1,000 OF COVERAGE)**

COVERAGE	State – Twice Monthly (24 Pay Periods)	State – Monthly		
Basic¹ →	\$0.49	\$0.98		
Supplemental One →	Age ≤ 44	\$0.02	Age ≤ 44	\$0.04
	45 - 49	\$0.05	45 - 49	\$0.10
	50 - 54	\$0.07	50 - 54	\$0.14
	55 - 59	\$0.11	55 - 59	\$0.22
	60 - 64	\$0.17	60 - 64	\$0.34
	65 plus	\$0.22	65 plus	\$0.44
	Supplemental Two →	2 x Supplemental 1	2 x Supplemental 1	
Supplemental Three →	3 x Supplemental 1	3 x Supplemental 1		
Dependent A² →	\$0.97	\$1.94		
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