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## State Group Life Insurance Coverage and Rates

**Twice Monthly & Monthly Rates** 

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

COVERAGE	State – Twice Monthly (24 Pay Periods)	
$Basic^1 \rightarrow$	\$0.52	
Supplemental One $ o$	Age ≤ 44	\$0.02
	45 - 49	\$0.04
	50 - 54	\$0.07
	55 - 59	\$0.11
	60 - 64	\$0.16
	65 plus	\$0.22
Supplemental Two $ o$	2 x Supplemental 1	
Supplemental Three $\rightarrow$	3 x Supplemental 1	
Dependent $A^2 \rightarrow$	\$0.96	
Dependent $B^2  o$	\$1.70	

State – Month	ly		
\$1.04			
Age ≤ 44	\$0.04		
45 - 49	\$0.08		
50 - 54	\$0.14		
55 - 59	\$0.22		
60 - 64	\$0.32		
65 plus	\$0.44		
2 x Supplemental 1			
3 x Supplemental 1			
\$1.92			
\$3.40			

## **NOTES:**

- 1. Basic coverage is equal to employee's annual compensation rounded up to next \$1,000. Premium equals Rate x Annual Compensation.
- 2. 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