## DENTAL INSURANCE

| | | 52 WKS | 33 WKS | 26 WKS | 21 WKS | MONTHLY | COBRA |
|---|---|---|---|---|---|---|---|
| Delta Dental PPO Plus Premier (Active Employees) | Individual | $12.23 | $19.27 | $24.46 | $30.29 | $53.00 | $54.06 |
| | Family | $30.92 | $48.73 | $61.85 | $76.57 | $134.00 | $136.68 |
| Delta Dental Premier Voluntary Enhanced Table Plan (Retirees) | Individual | | | | | $39.00 | |
| | Family | | | | | $97.00 | |

## LIFE INSURANCE

| Provider | | Type | Coverage | Monthly Deduction | |
|---|---|---|---|---|---|
| Boston Mutual | 1 | Basic Term G-142 | 10,000 | $ 9.75 | 52 wk. |
| | | | | $ 11.70 | 21-33 wk. |

| Boston Mutual | 2 | Voluntary Term Life G-13964-1 (Closed) | | 52 WKS | 33 WKS | 26 WKS | 21 WKS | MONTHLY |
|---|---|---|---|---|---|---|---|---|
| | | | $ 5,000 | $ 0.90 | $ 1.42 | $ 1.80 | $ 2.23 | $ 3.90 |
| | | | $ 10,000 | $ 1.80 | $ 2.84 | $ 3.60 | $ 4.46 | $ 7.80 |
| | | | $ 15,000 | $ 2.70 | $ 4.26 | $ 5.40 | $ 6.69 | $ 11.70 |
| | | | $ 20,000 | $ 3.60 | $ 5.67 | $ 7.20 | $ 8.91 | $ 15.60 |
| | | | $ 25,000 | $ 4.50 | $ 7.09 | $ 9.00 | $ 11.14 | $ 19.50 |
| | | | $ 30,000 | $ 5.40 | $ 8.51 | $ 10.80 | $ 13.37 | $ 23.40 |
| | | | $ 35,000 | $ 6.30 | $ 9.93 | $ 12.60 | $ 15.60 | $ 27.30 |
| | | | $ 40,000 | $ 7.20 | $ 11.35 | $ 14.40 | $ 17.83 | $ 31.20 |
| | | Dependent Coverage | | $ 1.00 | $ 1.58 | $ 2.00 | $ 2.48 | $ 4.33 |

Boston Mutual — 3 — Voluntary Term Life & Acc. Death G-13964-2

Sample weekly payroll deductions for you and your spouse are shown below.

| Age | Monthly Premium Rate per 1,000 | 10,000 | 30,000 | 50,000 | 100,000 |
|---|---|---|---|---|---|
| Under 35 | $ 0.12 | $ 0.28 | $ 0.83 | $ 1.38 | $ 2.77 |
| 35-39 | $ 0.16 | $ 0.37 | $ 1.11 | $ 1.85 | $ 3.69 |
| 40-44 | $ 0.24 | $ 0.55 | $ 1.66 | $ 2.77 | $ 5.54 |
| 45-49 | $ 0.35 | $ 0.81 | $ 2.42 | $ 4.04 | $ 8.08 |
| 50-54 | $ 0.56 | $ 1.29 | $ 3.88 | $ 6.46 | $ 12.92 |
| 55-59 | $ 0.78 | $ 1.80 | $ 5.40 | $ 9.00 | $ 18.00 |
| 60-64 | $ 1.14 | $ 2.63 | $ 7.89 | $ 13.15 | $ 26.31 |
| 65-69 | $ 1.96 | $ 4.52 | $ 13.57 | $ 22.62 | $ 45.23 |

Premium rates are based on attained age and WILL NOT CHANGE as you move to a higher age bracket. Coverage in units of $10,000 to a maximum of $400,000. Maximum cannot exceed five times your annual salary.

Please contact the Benefit's office for more details.