

Insurance Coverage	Employee Only	Employee & Spouse 2 Employees	Employee & Child(ren)	Employee & Family 2 Employees & Family
Health Insurance Plan 1	\$109.37	\$416.89 \$202.19	\$281.60	\$570.83 \$288.63
Health Insurance Plan 2	\$41.25	\$202.28 \$80.30	\$127.55	\$336.56 \$162.05
For rates involving Medicare and/or after age 65, please contact the Insurance Department directly.				
Dental insurance	No cost for APSB employee.	\$30.60 (Emp. + 1 dependent)	\$60.15 (Emp. + 2 dependents)	
Vision Insurance	No cost for APSB employee.	\$3.50	\$3.88	\$7.78
Basic Life Insurance	No cost for APSB employee. \$50,000 coverage *With age reductions*	Not eligible for basic life insurance coverage.		
Supplemental Life and AD&D	Rates are based upon age and coverage amount. Page 5 of this attachment will show rate calculation: The Standard Supplemental Life AD&D			
Disability-The Standard	Rates are based upon annual salary and coverage amount. Page 4-5 of this attachment will show rate calculation: The Standard Disability Highlights	Not eligible for disability coverage.		
Accident- The Hartford	\$12.35	\$19.47	\$19.93	\$31.68
Critical Illness- The Hartford	Rates are based upon coverage amount, age, and tobacco status.			
Universal Life- Transamerica	Rates are based upon coverage amount, age, and tobacco status.			