Bi-Weekly Spouse/Domestic Partner Premium
Life Premium for sample benefit amounts

Employee and Spouse/Domestic Partner premiums are calculated separately.
Spouse/Domestic Partner premiums will be calculated based on the Spouse Age
Refer to Program Specifications for your maximum benefit amounts.
Benefits and premium amounts reflect age reductions.

Non-Smoker

Bi-Weekly RATE Per $1000	AGE	$ 5,000	$ 10,000	$ 15,000	$ 20,000	$ 25,000	$ 30,000	$ 35,000	$ 40,000	$ 45,000	$ 50,000
0.0415	<25	$0.21	$0.42	$0.62	$0.83	$1.04	$1.25	$1.45	$1.66	$1.87	$2.08
0.0415	25-29	$0.21	$0.42	$0.62	$0.83	$1.04	$1.25	$1.45	$1.66	$1.87	$2.08
0.0415	30-34	$0.21	$0.42	$0.62	$0.83	$1.04	$1.25	$1.45	$1.66	$1.87	$2.08
0.0415	35-39	$0.21	$0.42	$0.62	$0.83	$1.04	$1.25	$1.45	$1.66	$1.87	$2.08
0.0877	40-44	$0.44	$0.88	$1.32	$1.75	$2.19	$2.63	$3.07	$3.51	$3.95	$4.39
0.1338	45-49	$0.67	$1.34	$2.01	$2.68	$3.35	$4.01	$4.68	$5.35	$6.02	$6.69
0.2908	50-54	$1.45	$2.91	$4.36	$5.82	$7.27	$8.72	$10.18	$11.63	$13.09	$14.54
0.3600	55-59	$1.80	$3.60	$5.40	$7.20	$9.00	$10.80	$12.60	$14.40	$16.20	$18.00
0.5631	60-64	$2.82	$5.63	$8.45	$11.26	$14.08	$16.89	$19.71	$22.52	$25.34	$28.16
1.0338	**65-69**	***$3,250***	***$6,500***	***$9,750***	***$13,000***	***$16,250***	***$19,500***	***$22,750***	***$26,000***	***$29,250***	***$32,500***
		$3.36	*$6.72*	*$10.08*	*$13.44*	*$16.80*	*$20.16*	*$23.52*	*$26.88*	*$30.24*	*$33.60*

Smoker

Bi-Weekly RATE Per $1000	AGE	$ 5,000	$ 10,000	$ 15,000	$ 20,000	$ 25,000	$ 30,000	$ 35,000	$ 40,000	$ 45,000	$ 50,000
0.0831	<25	$0.42	$0.83	$1.25	$1.66	$2.08	$2.49	$2.91	$3.32	$3.74	$4.16
0.0831	25-29	$0.42	$0.83	$1.25	$1.66	$2.08	$2.49	$2.91	$3.32	$3.74	$4.16
0.0831	30-34	$0.42	$0.83	$1.25	$1.66	$2.08	$2.49	$2.91	$3.32	$3.74	$4.16
0.0831	35-39	$0.42	$0.83	$1.25	$1.66	$2.08	$2.49	$2.91	$3.32	$3.74	$4.16
0.1846	40-44	$0.92	$1.85	$2.77	$3.69	$4.62	$5.54	$6.46	$7.38	$8.31	$9.23
0.3231	45-49	$1.62	$3.23	$4.85	$6.46	$8.08	$9.69	$11.31	$12.92	$14.54	$16.16
0.6277	50-54	$3.14	$6.28	$9.42	$12.55	$15.69	$18.83	$21.97	$25.11	$28.25	$31.39
0.9462	55-59	$4.73	$9.46	$14.19	$18.92	$23.66	$28.39	$33.12	$37.85	$42.58	$47.31
1.0615	60-64	$5.31	$10.62	$15.92	$21.23	$26.54	$31.85	$37.15	$42.46	$47.77	$53.08
1.7677	**65-69**	***$3,250***	***$6,500***	***$9,750***	***$13,000***	***$16,250***	***$19,500***	***$22,750***	***$26,000***	***$29,250***	***$32,500***
		$5.75	*$11.49*	*$17.24*	*$22.98*	*$28.73*	*$34.47*	*$40.22*	*$45.96*	*$51.71*	*$57.45*

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:
Use this formula to calculate premium for benefit amounts over $ 50,000

	Age	Bi-Weekly Rate Per $1,000	X	Benefit In $1,000's	=	Bi-Weekly Cost
Example:	**35**	**0.0415**	**X**	**75**	**=**	**$ 3.11**
			X		**=**	

Dependent Children Benefit	**$ 10,000**
Bi-Weekly Rate:	$ 0.92

Premium covers all dependent children regardless of the number of children.