

**October 2010-2011 INSURANCE RATES**  
**PER BI-WEEKLY PAY PERIOD**  
 (Except for the third payroll of the month)

Annualized Salary	Blue Cross High		Blue Cross Low		Presbyterian High		Presbyterian Low		Dental High	Dental Low		Vision
	Employee	ENMU	Employee	ENMU	Employee	ENMU	Employee	ENMU		Employee	ENMU	
Less than \$15,000	59.14	184.74	49.67	155.17	47.82	149.39	40.17	125.50	3.21	10.02	1.61	5.02
\$15,000-19,999	70.96	172.91	59.60	145.24	57.39	139.83	48.21	117.47	3.85	9.38	1.93	4.70
\$20,000-24,999	82.79	161.08	69.54	135.30	66.95	130.26	56.24	109.43	4.49	8.74	2.25	4.28
\$25,000 or more	94.62	149.26	79.48	125.37	76.52	120.70	64.28	101.40	5.13	8.09	2.57	4.05
<b>Two Person Coverage</b>												
Annualized Salary	Employee	ENMU	Employee	ENMU	Employee	ENMU	Employee	ENMU	Employee	ENMU	Employee	ENMU
Less than \$15,000	112.46	351.33	94.46	295.11	100.41	313.69	84.35	263.50	6.11	19.07	3.06	9.55
\$15,000-19,999	134.95	328.84	113.36	276.22	120.49	293.61	101.22	246.64	7.32	17.85	3.67	8.94
\$20,000-24,999	157.45	306.35	132.25	257.32	140.58	273.53	118.09	229.77	8.55	16.63	4.28	8.33
\$25,000 or more	179.94	283.86	151.14	238.43	160.66	253.45	134.96	212.90	9.77	15.41	4.89	7.72
<b>Family Coverage</b>												
Annualized Salary	Employee	ENMU	Employee	ENMU	Employee	ENMU	Employee	ENMU	Employee	ENMU	Employee	ENMU
Less than \$15,000	150.20	469.24	126.18	394.18	133.90	418.29	112.47	351.36	9.59	29.96	4.80	14.98
\$15,000-19,999	180.24	439.20	151.41	368.94	160.68	391.53	134.97	328.87	11.51	28.04	5.75	14.02
\$20,000-24,999	210.29	409.16	176.64	343.71	187.46	364.46	157.46	306.38	13.43	26.12	6.71	13.06
\$25,000 or more	240.33	379.12	201.88	318.47	214.23	337.95	179.95	283.83	15.35	24.21	7.67	12.10

Standard Voluntary Life Insurance			
Adult - Per \$1,000	Age as of Jan 1	Rate	Children Rider Rates
			Coverage
Under 30	0.04		5000.00 0.15
30 - 39	0.06		
40 - 44	0.08		- Employee coverage is available at either 1, 2, or 3 times the employee's current annual base salary.
45 - 49	0.12		
50 - 54	0.22		
55 - 59	0.34		- The spouse may be additionally covered for 1/2 of the amount the employee elected limited to the employee's annual salary.
60 - 64	0.52		
65 - 69	0.78		
70 & Over	1.02		- * Child(ren)=\$0.24/ month

UNUM Life Insurance			
Adult - Per \$1,000 of Coverage	Age as of Jan 1	Nonsmoker	Children Rider Rates
			Coverage
17 - 24	0.042	0.057	1,000 0.25
25 - 29	0.043	0.061	2,000 0.50
30 - 34	0.045	0.070	3,000 0.75
35 - 39	0.051	0.092	4,000 1.00
40 - 44	0.063	0.129	5,000 1.25
45 - 49	0.093	0.191	6,000 1.50
50 - 54	0.153	0.306	7,000 1.75
55 - 59	0.250	0.472	8,000 2.00
60 - 64	0.431	0.739	9,000 2.25
65 - 69	0.698	1.088	10,000 2.50
70 - 74*	1.276	1.792	

Note: All premium rates identified on this work sheet are withheld twice per month.

\*Term Policy - premium increases as age increases.