Life Insurance Options and Rates Effective - July 1, 2010
Tobacco-Free Active Employee's Optional Life Insurance

	Plan I		Plan II		Plan III		Plan IV		Plan V		Plan VI		Plan VII		Plan VIII		Plan IX	
Employee's Age	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium
Under 30	**$5,000**	$0.28	**$10,000**	$0.55	**$20,000**	$1.10	**$30,000**	$1.65	**$40,000**	$2.20	**$50,000**	$2.75	**$60,000**	$3.30	**$75,000**	$4.13	**$80,000**	$4.40
30-34	**$5,000**	$0.32	**$10,000**	$0.64	**$20,000**	$1.28	**$30,000**	$1.92	**$40,000**	$2.56	**$50,000**	$3.20	**$60,000**	$3.84	**$75,000**	$4.80	**$80,000**	$5.12
35-39	**$5,000**	$0.41	**$10,000**	$0.82	**$20,000**	$1.64	**$30,000**	$2.46	**$40,000**	$3.28	**$50,000**	$4.10	**$60,000**	$4.92	**$75,000**	$6.15	**$80,000**	$6.56
40-44	**$5,000**	$0.54	**$10,000**	$1.08	**$20,000**	$2.16	**$30,000**	$3.24	**$40,000**	$4.32	**$50,000**	$5.40	**$60,000**	$6.48	**$75,000**	$8.10	**$80,000**	$8.64
45-49	**$5,000**	$0.76	**$10,000**	$1.52	**$20,000**	$3.04	**$30,000**	$4.56	**$40,000**	$6.08	**$50,000**	$7.60	**$60,000**	$9.12	**$75,000**	$11.40	**$80,000**	$12.16
50-54	**$5,000**	$1.11	**$10,000**	$2.22	**$20,000**	$4.44	**$30,000**	$6.66	**$40,000**	$8.88	**$50,000**	$11.10	**$60,000**	$13.32	**$75,000**	$16.65	**$80,000**	$17.76
55-59	**$5,000**	$1.99	**$10,000**	$3.98	**$20,000**	$7.96	**$30,000**	$11.94	**$40,000**	$15.92	**$50,000**	$19.90	**$60,000**	$23.88	**$75,000**	$29.85	**$80,000**	$31.84
60-64	**$5,000**	$2.92	**$10,000**	$5.83	**$20,000**	$11.66	**$30,000**	$17.49	**$40,000**	$23.32	**$50,000**	$29.15	**$60,000**	$34.98	**$75,000**	$43.73	**$80,000**	$46.64
65-69	**$3,250**	$3.61	**$6,500**	$7.22	**$13,000**	$14.44	**$19,500**	$21.66	**$26,000**	$28.89	**$32,500**	$36.11	**$39,000**	$43.33	**$48,750**	$54.16	**$52,000**	$57.77
70 & Above	**$2,250**	$4.12	**$4,500**	$8.25	**$9,000**	$16.50	**$13,500**	$24.75	**$18,000**	$32.99	**$22,500**	$41.24	**$27,000**	$49.49	**$33,750**	$61.86	**$36,000**	$65.99

	Plan X		Plan XI		Plan XII		Plan XIII		Plan XIV		Plan XV		Plan XVI		Plan XVII		Plan XVIII	
Under 30	**$100,000**	$5.50	**$150,000**	$8.25	**$200,000**	$11.00	**$250,000**	$13.75	**$300,000**	$16.50	**$350,000**	$19.25	**$400,000**	$22.00	**$450,000**	$24.75	**$500,000**	$27.50
30-34	**$100,000**	$6.40	**$150,000**	$9.60	**$200,000**	$12.80	**$250,000**	$16.00	**$300,000**	$19.20	**$350,000**	$22.40	**$400,000**	$25.60	**$450,000**	$28.80	**$500,000**	$32.00
35-39	**$100,000**	$8.20	**$150,000**	$12.30	**$200,000**	$16.40	**$250,000**	$20.50	**$300,000**	$24.60	**$350,000**	$28.70	**$400,000**	$32.80	**$450,000**	$36.90	**$500,000**	$41.00
40-44	**$100,000**	$10.80	**$150,000**	$16.20	**$200,000**	$21.60	**$250,000**	$27.00	**$300,000**	$32.40	**$350,000**	$37.80	**$400,000**	$43.20	**$450,000**	$48.60	**$500,000**	$54.00
45-49	**$100,000**	$15.20	**$150,000**	$22.80	**$200,000**	$30.40	**$250,000**	$38.00	**$300,000**	$45.60	**$350,000**	$53.20	**$400,000**	$60.80	**$450,000**	$68.40	**$500,000**	$76.00
50-54	**$100,000**	$22.20	**$150,000**	$33.30	**$200,000**	$44.40	**$250,000**	$55.50	**$300,000**	$66.60	**$350,000**	$77.70	**$400,000**	$88.80	**$450,000**	$99.90	**$500,000**	$111.00
55-59	**$100,000**	$39.80	**$150,000**	$59.70	**$200,000**	$79.60	**$250,000**	$99.50	**$300,000**	$119.40	**$350,000**	$139.30	**$400,000**	$159.20	**$450,000**	$179.10	**$500,000**	$199.00
60-64	**$100,000**	$58.30	**$150,000**	$87.45	**$200,000**	$116.60	**$250,000**	$145.75	**$300,000**	$174.90	**$350,000**	$204.05	**$400,000**	$233.20	**$450,000**	$262.35	**$500,000**	$291.50
65-69	**$65,000**	$72.22	**$97,500**	$108.32	**$130,000**	$144.43	**$162,500**	$180.54	**$195,000**	$216.65	**$227,500**	$252.75	**$260,000**	$288.86	**$292,500**	$324.97	**$325,000**	$361.08
70 & Above	**$45,000**	$82.49	**$75,000**	$123.73	**$90,000**	$164.97	**$112,500**	$206.21	**$135,000**	$247.46	**$157,500**	$288.70	**$180,000**	$329.94	**$202,500**	$371.18	**$225,000**	$412.43

Dependent Optional Life

Plan	Who is Covered?	Coverage Amount	Monthly Premium
Dependent Plan 1	Spouse Each Child	$5,000 $2,000	$2.15
Dependent Plan 2	Spouse Each Child	$10,000 $4,000	$4.31
Dependent Plan 3	Spouse Each Child	$15,000 $7,000	$6.46
Dependent Plan 4	Spouse Each Child	$20,000 $10,000	$8.61