

DENTAL COVERAGE RATES

Effective September 1, 2009 – August 31, 2010

Note: These premiums are monthly.

State of Texas Dental Choice Plan Coverage	Premium
Member	\$22.46
Member & Spouse	\$44.92
Member & Child(ren)	\$53.90
Family	\$76.36
HumanaDental DHMO Coverage	Premium
Member	\$8.52
Member & Spouse	\$17.05
Member & Child(ren)	\$20.45
Family	\$28.98

State of Texas Dental Choice Plan Details:

http://www.humanadental.com/ers/pdf/PPO_dental_facts.pdf

HumanaDental DHMO Fact Sheet:

<http://www.humanadental.com/ers/pdf/DHMO%20dental%20facts.pdf>

OPTIONAL TERM LIFE RATES

Effective: September 1, 2009 - August 31, 2010

Note: These premiums are monthly.

Rates are per \$1,000 of Annual Salary

Age	Election 1	Election 2	Election 3	Election 4
15-19	\$0.06	\$0.12	\$0.18	\$0.24
20-24	\$0.06	\$0.12	\$0.18	\$0.24
25-29	\$0.06	\$0.12	\$0.18	\$0.24
30-34	\$0.07	\$0.14	\$0.21	\$0.28
35-39	\$0.07	\$0.14	\$0.21	\$0.28
40-44	\$0.09	\$0.18	\$0.27	\$0.36
45-49	\$0.13	\$0.26	\$0.39	\$0.52
50-54	\$0.21	\$0.42	\$0.63	\$0.84
55-59	\$0.37	\$0.74	\$1.11	\$1.48
60-64	\$0.63	\$1.26	\$1.89	\$2.52
65-69	\$1.03	\$2.06	\$3.09	\$4.12
70-74	\$1.64	\$3.28	\$4.92	\$6.56
75-79	\$2.68	\$5.36	\$8.04	\$10.72
80-84	\$4.36	\$8.72	\$13.08	\$17.44
85-89	\$7.54	\$15.08	\$22.62	\$30.16
90 & above	\$11.74	\$23.48	\$35.22	\$46.96

DEPENDENT LIFE RATES

\$5,000 term life with AD&D coverage per eligible dependent

Dependent Life and AD&D.....\$1.38

VOLUNTARY AD&D RATES

Rates are per \$1,000 of coverage

Voluntary AD&D Member Only.....\$0.02

Voluntary AD&D Member and Family.....\$0.04

SHORT- AND LONG-TERM DISABILITY RATES

Rates are per \$100 of monthly covered salary

Short-Term Disability.....\$0.29

Long-Term Disability.....\$0.70

RETIREE MINIMUM OPTIONAL LIFE (AD&D not included)

Rates are per \$1,000 of coverage

Retiree Optional Life/\$10,000.....\$2.34

RETIREE DEPENDENT TERM LIFE PREMIUM

\$2,500 term life coverage per eligible dependent

Retiree Dependent Life.....\$3.05