



EARLY RETIREE HEALTH PLAN 2009 PREMIUM RATES

| \$100,000 BENEFIT HIGH PLAN | |
|-----------------------------|-----------------|
| AGE | MONTHLY PREMIUM |
| CHILD* | 63 |
| 40 | 143 |
| 41 | 146 |
| 42 | 150 |
| 43 | 155 |
| 44 | 161 |
| 45 | 165 |
| 46 | 172 |
| 47 | 176 |
| 48 | 182 |
| 49 | 186 |
| 50 | 190 |
| 51 | 196 |
| 52 | 201 |
| 53 | 212 |
| 54 | 224 |
| 55 | 237 |
| 56 | 249 |
| 57 | 261 |
| 58 | 273 |
| 59 | 285 |
| 60 | 297 |
| 61 | 309 |
| 62 | 321 |
| 63 | 321 |
| 64 | 321 |

| \$50,000 BENEFIT LOW PLAN | |
|---------------------------|-----------------|
| AGE | MONTHLY PREMIUM |
| CHILD* | 42 |
| 40 | 88 |
| 41 | 91 |
| 42 | 94 |
| 43 | 96 |
| 44 | 99 |
| 45 | 101 |
| 46 | 105 |
| 47 | 107 |
| 48 | 111 |
| 49 | 113 |
| 50 | 117 |
| 51 | 120 |
| 52 | 122 |
| 53 | 129 |
| 54 | 136 |
| 55 | 143 |
| 56 | 150 |
| 57 | 157 |
| 58 | 164 |
| 59 | 172 |
| 60 | 178 |
| 61 | 187 |
| 62 | 195 |
| 63 | 195 |
| 64 | 195 |

* Dependent Children, ages 0-18. Children 19 and over eligible only if full time student.

EXAMPLE

EXAMPLE family:
Retiree age 55, Spouse age 50,
Children age 15 and 18.*
Family is applying for the High Plan to be
paid monthly by bank draft.

| | | | | |
|---|--|---|--|--|
| 2. Select the coverage you want. All insureds must select the same benefit level. | Select One Benefit Level <input checked="" type="radio"/> \$100,000 – High Plan <input type="radio"/> \$50,000 – Low Plan | Select the Family Member(s) for coverage and enter the premium from the rate sheet | | |
| | Select the Payment Method <input type="radio"/> Monthly Direct Bill <input checked="" type="radio"/> Monthly Bank Draft | Primary Insured: \$ <u>237</u> Spouse: \$ <u>190</u> Child 1: \$ <u>63</u> Child 2: \$ <u>63</u> Child 3: \$ _____ Child 4: \$ _____ | Premium Sub-Total \$ <u>553</u> Deduct \$3 IF Monthly Bank Draft \$ <u>3</u> Total Premium Submitted \$ <u>550</u> | |
| | | | | |
| | | | | |

WORKSHEET

| | | | | |
|---|---|---|---|--|
| 2. Select the coverage you want. All insureds must select the same benefit level. | Select One Benefit Level <input type="radio"/> \$100,000 – High Plan <input type="radio"/> \$50,000 – Low Plan | Select the Family Member(s) for coverage and enter the premium from the rate sheet | | |
| | Select the Payment Method <input type="radio"/> Monthly Direct Bill <input type="radio"/> Monthly Bank Draft | Primary Insured: \$ _____ Spouse: \$ _____ Child 1: \$ _____ Child 2: \$ _____ Child 3: \$ _____ Child 4: \$ _____ | Premium Sub-Total \$ _____ Deduct \$3 IF Monthly Bank Draft \$ _____ Total Premium Submitted \$ _____ | |
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| | | | | |