

Medical Plan Rate Calculation Instructions

1. Select a medical plan for the retiree; enter the rate from the **Retiree Rate** row that corresponds with your years of service. \$ _____ Retiree
2. If you are enrolling your spouse or domestic partner, select a medical plan for him/her; enter the rate from the **Spouse Rate** row that corresponds with your years of service (or, if your spouse/domestic partner is also an NMRHCA-eligible retiree, use the Retiree Rate that corresponds with your spouse's/domestic partner's years of service). + \$ _____ Spouse/ Domestic Partner
3. If you are also enrolling children, enter rate from **Child Rate** row multiplied by number of children.
 (# of Children: _____ x Child Rate: _____ = Total for Child(ren): _____) + \$ _____ Child(ren)
4. TOTAL #1, #2, and #3. = \$ _____ Total

Voluntary Coverage Premiums

DENTAL PLAN Monthly Premium*: Effective January 1, 2019 to December 31, 2019

	SINGLE	TWO-PARTY	FAMILY
Delta Dental Basic	\$19.23	\$36.07 for both	\$ 60.42 for all
Delta Dental Comprehensive	\$42.93	\$81.58 for both	\$131.69 for all
United Concordia Basic	\$17.78	\$33.78 for both	\$ 50.67 for all
United Concordia Comprehensive	\$36.28	\$68.93 for both	\$103.36 for all

VISION PLAN Monthly Premium*: Effective January 1, 2017 to June 30, 2019

Davis Vision	\$ 4.76	\$ 8.98 for both	\$13.23 for all
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DEPENDENT CHILD LIFE Monthly Premium*: Effective January 1, 2016 to December 31, 2019

The Standard Insurance	\$2,500 - \$3.83 for all	\$5,000 - \$7.15 for all	\$10,000 - \$13.83 for all
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RETIREE/SPOUSE SUPPLEMENTAL LIFE Monthly Premium*: Effective January 1, 2016 to December 31, 2019

The Standard	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000	\$15,000**	\$20,000**	\$40,000**	\$46,000**	\$60,000**
Age 35-39	\$ 0.68	\$ 0.86	\$ 1.05	\$ 1.23	\$ 1.41	\$ 1.87	\$ 2.32	\$ 4.14	\$ 4.69	\$ 5.96
Age 40-44	\$ 0.79	\$ 1.08	\$ 1.38	\$ 1.67	\$ 1.96	\$ 2.69	\$ 3.42	\$ 6.34	\$ 7.22	\$ 9.26
Age 45-49	\$ 1.03	\$ 1.56	\$ 2.08	\$ 2.61	\$ 3.14	\$ 4.46	\$ 5.78	\$ 11.06	\$ 12.64	\$ 16.34
Age 50-54	\$ 1.36	\$ 2.22	\$ 3.07	\$ 3.93	\$ 4.79	\$ 6.94	\$ 9.08	\$ 17.66	\$ 20.23	\$ 26.24
Age 55-59	\$ 1.92	\$ 3.34	\$ 4.77	\$ 6.19	\$ 7.61	\$11.17	\$14.72	\$ 28.94	\$ 33.21	\$ 43.16
Age 60-64	\$ 2.23	\$ 3.96	\$ 5.70	\$ 7.43	\$ 9.16	\$13.49	\$17.82	\$ 35.14	\$ 40.34	\$ 52.46
Age 65-69	\$ 4.05	\$ 7.61	\$11.16	\$14.72	\$18.27	\$27.16	\$36.04	\$ 71.58	\$ 82.24	\$107.12
Age 70 and over	\$ 5.95	\$11.40	\$16.85	\$22.30	\$27.75	\$41.38	\$55.00	\$109.50	\$125.85	\$164.00

*This is optional coverage, and the entire cost of coverage is paid by you. Cost of insurance for all coverages paid by you may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Certificate. The life plan rates include a \$.50 administration fee.

**Evidence of Insurability Statement required to add or increase life insurance. The Change for Additional Life Insurance form can be found at <http://www.nmrhca.org/forms.aspx/>.