

2011 PEBB Life and AD&D Rates

Plan A Basic for Actives* Monthly Cost: \$ 5.07

Plan B Basic Dependent Monthly Cost: \$ 0.50

Plan B Supplemental Spouse, Plan C Optional, and Plan D Supplemental:

Age	Monthly Cost for each \$1,000 of Coverage	
	Non-Smoker	Smoker
25 or less	\$ 0.028	\$ 0.036
25-29	\$ 0.030	\$ 0.044
30-34	\$ 0.034	\$ 0.058
35-39	\$ 0.042	\$ 0.066
40-44	\$ 0.064	\$ 0.074
45-49	\$ 0.092	\$ 0.112
50-54	\$ 0.144	\$ 0.170
55-59	\$ 0.268	\$ 0.318
60-64	\$ 0.412	\$ 0.484
65-69	\$ 0.760	\$ 0.932
70 and over	\$ 1.134	\$ 1.514

Plan E Voluntary Accidental Death and Dismemberment:

Employee AD&D Benefit	Cost to Cover Employee Only	Cost to Cover Employee and Dependents	Coverage Spouse Would Have:		Coverage Children Would Have:	
			With No Children	With Children	With Spouse	With No Spouse
\$ 25,000	\$ 0.20	\$ 0.30	\$ 12,500	\$ 10,000	\$ 1,250	\$ 2,500
\$ 50,000	\$ 0.40	\$ 0.60	\$ 25,000	\$ 20,000	\$ 2,500	\$ 5,000
\$ 75,000	\$ 0.60	\$ 0.90	\$ 37,500	\$ 30,000	\$ 3,750	\$ 7,500
\$ 100,000	\$ 0.80	\$ 1.20	\$ 50,000	\$ 40,000	\$ 5,000	\$ 10,000
\$ 125,000	\$ 1.00	\$ 1.50	\$ 62,500	\$ 50,000	\$ 6,250	\$ 12,500
\$ 150,000	\$ 1.20	\$ 1.80	\$ 75,000	\$ 60,000	\$ 7,500	\$ 15,000
\$ 175,000	\$ 1.40	\$ 2.10	\$ 87,500	\$ 70,000	\$ 8,750	\$ 17,500
\$ 200,000	\$ 1.60	\$ 2.40	\$ 100,000	\$ 80,000	\$ 10,000	\$ 20,000
\$ 225,000	\$ 1.80	\$ 2.70	\$ 112,500	\$ 90,000	\$ 11,250	\$ 22,500
\$ 250,000	\$ 2.00	\$ 3.00	\$ 125,000	\$ 100,000	\$ 12,500	\$ 25,000

** Represents premium paid to plan only. For state employees, Plan A Basic is funded by the state. For Employer Groups, K-12, and ESD's accepting the full benefits package, the premium for Plan A is included in the rates for the selected medical plan. Coverage is not provided to groups accepting the Medical Only package.*

2011 PEBB Long-Term Disability Rates

Basic Plan Monthly Cost*: \$ 2.00

Optional Plan:

Waiting Period	TIAA-CREF or Higher Education Academic Retirement Plan Employees	TRS, PERS, & other Retirement Plan Employees*
30 days	2.48%	1.96%
60 days	1.26%	1.04%
90 days	0.69%	0.57%
120 Days	0.40%	0.34%
180 days	0.30%	0.27%
240 days	0.29%	0.26%
300 days	0.27%	0.24%
360 days	0.26%	0.23%

**Represents premium paid to plan.*

For State Employees, Basic Plan coverage is funded by the state.

Multiply your monthly base pay (up to \$10,000) by the percentage shown above for the desired benefit waiting period to calculate your Optional LTD monthly premium.