

NEW

3 BCBSM Medicare Advantage Plans SM

NO AGE BANDS, NO ZIP CODES, NO DEDUCTIBLES, NATIONWIDE PLANS

These plans offer high-quality benefits beyond Original Medicare. They also include special services and programs only available to BCBSM members. These plans are PPO (Passive Plan) and allow you to see any doctor and/or any hospital with your BCBSM Medicare Advantage Plan. If your Doctor accepts Medicare, they will accept your plan. If they say they do not accept BCBSM, please contact Benistar in order to learn what you can do to have your Medicare services, outside of the standard 80%, covered by BCBSM. These are nationwide plans offered at a flat rate, regardless of pre-existing conditions, your age or the State you live in. Our providers have completed a detailed credentialing review process, giving you an additional level of assurance that you are receiving quality care. The BCBSM MA Plans are all inclusive with Medical and Prescription Drug (MAPD). The Diamond Plan mirrors the F Plan with some added benefits! Members can elect the following BCBSM options listed in the chart below.

OPTIONS	Diamond	Emerald	Ruby
Type Of Network	Passive	Passive	Passive
Out Of Pocket Maximum	\$0	\$750	\$4,500
Deductible	\$0	\$0	\$0
Coinsurance	0%	20%	20%
Inpatient	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Outpatient	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Office Visit	\$0	\$5	\$20
Chiropractic	\$0	\$5	\$20
Specialist	\$0	\$15	\$40
Urgent Care	\$0	\$10	\$50
Facility Evaluation	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Psych	\$0	\$5	\$25
Surgical Services	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Other Physician Services	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Preventative	No Cost	No Cost	No Cost
Emergency	\$0	\$75	\$90
Ambulance Services	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Durable Medical Equipment	No Cost	Subject to 20% Coinsurance	Subject to 20% Coinsurance
Medical & Prescription Drug/ MAPD Rate	\$285.99	\$224.06	\$109.04

Copays are the only differences in the High PDP and Ruby PDP Plan

	DIAMOND MEDICARE PLUS PPO PLAN WITH HIGH RX	EMERALD MEDICARE PLUS PPO PLAN WITH HIGH RX	RUBY MEDICARE PLUS PPO PLAN WITH RUBY RX
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Medicare Advantage Medical / Surgical Group Benefits and Services	Schedule B		
PPO Benefit Structure	(In-Network if doctor or hospital accepts Medicare)	(In-Network if doctor or hospital accepts Medicare)	(In-Network if doctor or hospital accepts Medicare)
Member Out-of-Pocket Cost- Sharing Options	Deductibles, Coinsurances and Copays	Deductibles, Coinsurances and Copays	Deductibles, Coinsurances and Copays
Combined Out-of-Pocket Maximum	\$0	\$750	\$4,500
Single Deductible	\$0	\$0	\$0
Coinsurance	0%	20%	20%
> Core Benefits			
Inpatient Facility Services (No Member Cost-Share - Home Health Care)	No Member Cost-Share	Deductibles, Coinsurances, OOPM Will Apply	Deductibles, Coinsurances, OOPM Will Apply
Outpatient Facility Services	No Member Cost-Share	Deductibles, Coinsurances, OOPM Will Apply	Deductibles, Coinsurances, OOPM Will Apply

(Continued)	DIAMOND MEDICARE PLUS PPO PLAN WITH HIGH RX	EMERALD MEDICARE PLUS PPO PLAN WITH HIGH RX	RUBY MEDICARE PLUS PPO PLAN WITH RUBY RX			
> Physician / Practitioner Benefits						
Office Visits, Online Visits, and Consultations	\$0	\$5	\$20			
Chiropractic Services	\$0	\$5	\$20			
Specialist Services	\$0	\$15	\$40			
Psychiatric and Psychotherapy Services	\$0	\$5	\$25			
Facility Evaluation and Management Services	No Member Cost-Share	Deductibles, Coinsurances, OOPM Will Apply	Deductibles, Coinsurances, OOPM Will Apply			
Other Physician Services (No Member Cost-Share for Clinical Labs)	No Member Cost-Share	Deductibles, Coinsurances, OOPM Will Apply	Deductibles, Coinsurances, OOPM Will Apply			
Surgical Services (Includes Anesthesia Services, Cardiac Catheterization Services, and Therapeutic Cardiovascular Services)	No Member Cost-Share	Deductibles, Coinsurances, OOPM Will Apply	Deductibles, Coinsurances, OOPM Will Apply			
> Emergency / Other Benefits						
Urgent Care	\$0	\$10	\$50			
Emergency Department / Emergency Room Care	No Member Cost-Share	\$75	\$90			
Ambulance Services	No Member Cost-Share	Ded,Coins,OOPM Will Apply	Ded,Coins,OOPM Will Apply			
DME, P & O, and Supplies	No Member Cost-Share	No Member Cost-Share	No Member Cost-Share			
Preventive Services	No Member Cost-Share	No Member Cost-Share	No Member Cost-Share			
Additional Medicare Advantage Group Benefits						
Adult Diapers / Incontinence Liners	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services
Annual Physical (removes Office Visit cost-share)	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services
Chiropractic Enhanced Services						
> Approved Radiological	Included	Cost-Share Same as Chiropractic Services above	Included	Cost-Share Same as Chiropractic Services above	Included	Cost-Share Same as Chiropractic Services above
> Approved E & M						
> Approved Physical Therapy						
Determination of Refractive State	Included	Deductible, Coinsurance, OOPM Will Apply	Included	Deductible, Coinsurance, OOPM Will Apply	Included	Deductible, Coinsurance, OOPM Will Apply
Foreign Travel (removes Emergency Room and Urgent Care restrictions)	Included	Cost-Share Same as if Services were provided in the U.S.	Included	Cost-Share Same as if Services were provided in the U.S.	Included	Cost-Share Same as if Services were provided in the U.S.
Gradient Compression Stockings	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services
Hearing Services						
> Exam (measurement of hearing ability)	Included	Cost-Share Same as Office Visit above	Included	Cost-Share Same as Office Visit above	Included	Cost-Share Same as Office Visit above
> Hearing Aids	Included	Covered up to \$500	Included	Covered up to \$500	Included	Covered up to \$500
Home Infusion Therapy	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services
Hospice Care (Cost-Share associated with Respite and Drugs)	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services
Human Organ Transplant (removes lifetime maximum for non-Medicare-covered organs per organ type)	Included	Cost-Share Same as Surgical Services above	Included	Cost-Share Same as Surgical Services above	Included	Cost-Share Same as Surgical Services above
Private Duty Nursing	Included	50% Coinsurance Applies (does not accumulate towards OOPMs)	Included	50% Coinsurance Applies (does not accumulate towards OOPMs)	Included	50% Coinsurance Applies (does not accumulate towards OOPMs)
Silver Sneakers Fitness Program	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services
Travel and Lodging (associated with Human Organ Transplant benefits)	Included	Covered up to \$10,000 (must be 100+ miles from home)	Included	Covered up to \$10,000 (must be 100+ miles from home)	Included	Covered up to \$10,000 (must be 100+ miles from home)
Wigs (includes wig stands and adhesive)	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services	Included	No Member Cost-Share for these Services

Copays are the only differences in the High PDP and Ruby PDP Plan. Please refer to the Summary of Benefits to see the difference in RX Copays. Formulary of ALL BCBSM PDP plans are the same.

NEW

Retirees Post-65 BCBSM (High and Low) Prescription Drug Plans

We are pleased to announce the prescription drug plan offered by the DSRA Benefit Trust in 2022 will be through BCBSM. The BCBSM RX Plans are Medicare Part D Plans with Express Scripts plan designs.

In 2022, members will also have the opportunity to enroll in Stand-Alone prescription drug coverage with BCBSM in either the High or Low plan. For complete details about these plans, please refer to the Plan Summary of Coverage on the website at the www.DSRABenefitTrust.net website.

	HIGH PDP Plan		LOW PDP Plan	
Formulary Option	Comprehensive Enhanced Formulary		Comprehensive Enhanced Formulary	
Prior Authorization/ Step Therapy	Yes		Yes	
Rx Deductible	\$0		\$0	
	Preferred Rx	Standard Rx	Preferred Rx	Standard Rx
Tier 1 (Preferred Generic)	\$2	\$10	\$5	\$10
<i>31-90 Day Supply Mail Order Copay Multiplier</i>				
Tier 2 (Generic)	\$2	\$10	\$5	\$10
<i>31-90 Day Supply Mail Order Copay Multiplier</i>				
Tier 3 (Preferred Brand)	\$40	\$50	\$50	\$60
<i>31-90 Day Supply Mail Order Copay Multiplier</i>				
Tier 4 (Non-Preferred)	\$75	\$100	\$80	\$100
<i>31-90 Day Supply Mail Order Copay Multiplier</i>				
Tier 5 (Specialty)	30% member cost	30% member cost	35% member cost	35% member cost

BCBSM Monthly Cost for your Prescription Drug Plan

HIGH PDP Plan	LOW PDP Plan
\$91.90	\$72.92
<i>- \$10 admin fee will need to be added to the Standalone PDP Plans</i>	

Price and Copays are the only differences in the High / Low PDP Plan

- Your **formulary** is a list of drugs covered by your plan.
- Out-of-pocket cost is applied based on drug tiers and pharmacy type:

Tier 1= Preferred generic drugs

Tier 2= Generic

Tier 3= Preferred brand drugs

Tier 4= Non-preferred drugs

Tier 5= Specialty drugs

The BCBSM High and Low plans do not have a coverage gap as with other Part D prescription plans. This means you continue to pay your plan's copay until you reach the catastrophic phase, where your out-of-pocket cost may be lower but never more than your group plan copay.

You have access to more than 62,000 pharmacies nationwide. Including more than 23,000 preferred pharmacies.



ATTENTION

Review the BCBSM formulary to ensure your medications are covered
www.DSRABenefitTrust.net

Important Prescription Drug Changes for 2022

- Move from AETNA to BCBSM – Please look up your drugs on the BCBSM Formulary to find out what tier your drugs are in. AETNA PDP Plans were 5 tier Plans and BCBSM PDP Plans are 5 tier Plans, but your medications could be in different tiers.
- Everyone automatically enrolled in low plan
- Must call Benistar Call Center if you want to enroll in high plan.
- 2 x copay for 3 month supply (*Mail Order Copay Multiplier*)

The Hartford

The Elite, Premium, Choice and Premium Plus Retiree Medical Plans are available to ALL DSRA Benefit Trust Members in ALL states. New for 2022, members can elect one of two BCBSM prescription drug plans, High or Low to pair with the Hartford medical plan or as a standalone plan. You do not need to enroll in the Hartford medical plan to enroll in the BCBSM prescription drug plan. The Hartford Plans are Medigap/Medicare Secondary plans for traditional Medicare coverage (not a Medicare Advantage Plan).

Premiums for 2022 are summarized in the following charts:

5 Year Bands - Upon the 1st day of your birthday month

The total monthly cost for your coverage is per person per month, and listed below based on your age:

STANDALONE PLAN RATES Admin fee already included (plan administration, billing and claims)	INSURED'S AGE BANDED RATES				
	65-69	70-74	75-79	80-84	85+
Elite (Mirrors Plan F)	\$ 167.01	\$ 206.29	\$ 257.08	\$ 313.65	\$ 351.31
Premium Plus Plan (Mirrors Plan G)	\$ 150.10	\$ 184.82	\$ 229.75	\$ 279.76	\$ 313.06
Premium Plan	\$ 127.47	\$ 156.06	\$ 193.18	\$ 234.45	\$ 261.92
Choice Plan	\$ 105.78	\$ 128.61	\$ 158.13	\$ 191.02	\$ 212.90
Florida Residents ONLY	\$ 224.76 (NO AGE BANDS for FL)				

MEDICAL PLAN + HIGH RX PLAN - MONTHLY RATES

Elite (Mirrors Plan F)	\$ 258.91	\$ 298.19	\$ 348.98	\$ 405.55	\$ 443.21
Premium Plus Plan (Mirrors Plan G)	\$ 242.00	\$ 276.72	\$ 321.65	\$ 371.66	\$ 404.96
Premium Plan	\$ 219.37	\$ 247.96	\$ 285.08	\$ 326.35	\$ 353.82
Choice Plan	\$ 197.68	\$ 220.51	\$ 250.03	\$ 282.92	\$ 304.80

MEDICAL PLAN + LOW RX PLAN - MONTHLY RATES

Elite (Mirrors Plan F)	\$ 239.93	\$ 279.21	\$ 330.00	\$ 386.57	\$ 424.23
Premium Plus Plan (Mirrors Plan G)	\$ 223.02	\$ 257.74	\$ 302.67	\$ 352.68	\$ 385.98
Premium Plan	\$ 200.39	\$ 228.98	\$ 266.10	\$ 307.37	\$ 334.84
Choice Plan	\$ 178.70	\$ 201.53	\$ 231.05	\$ 263.94	\$ 285.82

*Rates include a \$3.00 DSRA-BT VEBA fee.

DSRA-BT offers four medical plan choices to retirees over the age of 65. All four plans are underwritten by The Hartford. The table below provides a side-by-side comparison of the four medical plans. For complete details about these plans, please refer to the Group Retiree Insurance Plan Summary of Coverage on the www.DSRABenefitTrust.net website.

- Silver&Fit Fitness membership is available to all DSRA Benefit Trust members participating in the Hartford Medical plans. Silver&Fit offers gym membership and online classes. Please visit www.SilverandFit.com to find the participating club nearest you.
- The Hartford plans include a yearly full physical with a \$25 copay, up to a \$500 value, for all plan participants.

Dental & Vision Benefits

DSRA-BT offers dental and vision coverage through Blue Cross Blue Shield of Michigan (BCBSM). If you would like to enroll in dental and vision coverage or change your current elections please contact the Benistar Retiree Call Center at 1-888-588-6682 or access the DSRA-BT enrollment form on the DSRA-BT website – www.dsrabenefittrust.net.

Dental Benefits 2 plans to choose from!

We understand the importance of good dental health. Good oral hygiene is important to your overall health. Regular visits to the dentist can help detect problems like gingivitis and even oral cancer. Plan on visiting your dentist once every six months.

DSRA-BT offers dental coverage through Blue Cross Blue Shield of Michigan (BCBSM). The dental plan provides a wide variety of covered services – either covered in full or partially by the plan. Members will continue to have the choice to enroll in dental and/or vision which requires an application to be completed.

The table below provides an overview of the dental plan benefit. For specific details about the plan, please refer to the Benefits-at-a-Glance summary of benefits on the website at

www.dsrabenefittrust.net.



BCBSM Dental Plan - \$50 Deductible for Class 2 and 3 Services

Benefits	Low Plan Coverage	High Plan Coverage
Deductible (Applies to Class 2 and Class 3 services only)	\$50 per member limited to a maximum of \$150 per family per calendar year	\$50 per member limited to a maximum of \$150 per family per calendar year
Class 1 services	100% Covered	100% Covered
Class 2 services	80%	80%
Class 3 services	50%	50%
Class 4 services	Not covered	Not covered
Annual maximum for Class 1, 2 and 3 services	\$3,000 per member	\$3,000 per member
Lifetime maximum for Class 4	N/A	N/A
Class 3: Major Restorative	35%	35%
Class 4: Orthodontia	N/A	50%

Dental Rates (Standalone or with another option)

The rates below are priced for eligible plan participants enrolling in the Dental Plan Only.

	Low Plan Rate	High Plan Rate
Single	\$64.75	\$68.83
Two-Person	\$125.25	\$133.41

An Administration Fee of \$4.25 is INCLUDED in the rate above.

Dental Rates (Hartford or BCBSM Medicare Advantage)

The rates below are priced for eligible plan participants enrolling in the Dental Plan with Medical Plan.

	Low Plan Rate	High Plan Rate
Single	\$60.50	\$64.58
Two-Person	\$121.00	\$129.16

No admin fee when adding Dental to Hartford or BCBSM Medicare Advantage.

BCBSM Dental Plan – High Dental Plan vs. Low Dental Plan

The Trust offers dental coverage through Blue Cross Blue Shield of Michigan (BCBSM). Members will continue to have the choice to enroll in High or Low dental and/or vision which requires an application to be completed.

The table below provides an overview of the dental plans benefits. For specific details about the plans, please refer to the Benefits-at-a-Glance summary of benefits on the website at www.DSRABenefitTrust.net

LOW PLAN

Annual Dental Maximum per Person \$3,000

Class I Service

Includes but not limited to: Oral Exams Bitewing X-rays Full Mouth X-Rays Dental prophylaxis (Teeth Cleaning) Fluoride Treatment - Under 19y/o	\$0 = Your Deductible 0% = Your Coinsurance * 100% coverage for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.
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Class II Service

Includes but not limited to: Fillings (for permanent & primary teeth) Root Canal Oral Surgery General anesthesia or IV sedation	\$50 = Your Deductible per member to a maximum of \$150 per family per calendar year 20% = Your Coinsurance * 80% Coverage is for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.
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Class III Service

Includes but not limited to: Dentures (complete & partial) Occlusal biteguards Endosteal Implants Onlays, crowns and veneer fillings- permanent teeth age 12 and older Bridge Installations	\$50 = Your Deductible 50% = Your Coinsurance * 50% Coverage is for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.
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Class IV Service

Orthodontic services for dependents under age 19 Not Covered

HIGH PLAN

Annual Dental Maximum per Person \$3,000

Class I Service

Includes but not limited to: Oral Exams Bitewing X-rays Full Mouth X-Rays Dental prophylaxis (Teeth Cleaning) Fluoride Treatment -Any age**	\$0 = Your Deductible 0% = Your Coinsurance * 100% coverage for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.
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Class II Service

Includes but not limited to: Fillings (for permanent & primary teeth) Onlays, Crowns,Veneers,Inlays - permanent teeth** Occlusal biteguards** Oral Surgery Root Canal	\$50 = Your Deductible per member to a maximum of \$150 per family per calendar year 20% = Your Coinsurance * 80% Coverage is for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.
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Class III Service

Includes but not limited to: Dentures (complete & partial) Endosteal Implants Bridge Installations	\$50 = Your Deductible 50% = Your Coinsurance * 50% Coverage is for reasonable & customary charges. In no event will the covered charge be greater than the percentile of the prevailing fee data for a particular service in a geographic area.
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Class IV Service

Orthodontic services for dependents under age 19** Class IV Lifetime Maximum per Individual	50% = Your Coinsurance \$2,500
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*Before getting any major procedure, make sure to check with your provider for complete rates and coverage information.

**Consider these upgraded benefits when selecting the High Plan vs. Low Plan.

Vision Benefits

Your eyes are your windows to wellness. Routine eye exams each year allow your eye doctor to detect symptoms of serious eye disease – such as cataracts, glaucoma, and macular degeneration – and health conditions – such as diabetes, cardiovascular disease, and high blood pressure. Caught early, many of these diseases are treatable. However, left undetected and untreated, these conditions can result in vision loss, a lower quality of life, and higher overall health care costs.

DSRA-BT will continue to offer vision benefits through Blue Cross Blue Shield of Michigan (BCBSM) Blue Vision. The vision plan offers you comprehensive coverage – including eye exams and materials – through VSP, the nation's largest vision care network, with 27,000 doctors and 41,000 locations.

Members will continue to have the choice to enroll in vision and/or dental which requires an application to be completed.

The table below provides an overview of the vision plan benefit. For specific details about the plan, please refer to the Benefits-at-a-Glance summary of benefits on the website at

www.dsrabenefittrust.net. To find a VSP doctor, call 1-800-877-7195 or log on to the VSP website at www.vsp.com.

2022 Blue Cross Blue Shield Vision Rates (VSP)

Single	\$ 6.07
Two-Person	\$ 12.14

Vision plans are only available when purchased with a High or Low Dental plan.



Voluntary Life Benefits

Voluntary life benefits are offered through MetLife Insurance. If you are a Delphi salaried retiree and wish to elect voluntary term life insurance for the first time or make any modifications to your current election, you must complete the MetLife enrollment form and Statement of Health form. (NOTE: Delphi hourly Retirees are not eligible for this voluntary benefit.) Retiree coverage from \$10,000 to \$120,000 and spouse coverage from \$10,000 to \$50,000 is available in \$10,000 increments. Retiree coverage, however, is required for spouse coverage to be available.

MetLife replaces Guardian Life effective 01/01/2022. The premiums reduce an average of 6.3%. The changes and added benefits to the Life Insurance program for DSRA participants effective 01/01/2022:

- Upon death of the Retiree, a surviving Spouse has the option to remain in the DSRA Benefit Trust MetLife Insurance program until the age of 80, at which time they will have the option to move to a Whole Life Insurance plan or to discontinue coverage
- The Spouse will continue to use the age of the Retiree to determine their premium amount if the Spouse elects to continue their MetLife Insurance coverage.
- The Spouse must notify Benistar if they elect to continue coverage with the MetLife Insurance program following the death of the Retiree.
- The Spousal coverage above \$30,000 requires a physical.
- An average of 6.3% decrease in premiums. Age Banded Prices guaranteed for 3 years.

Please review the DSRA-BT website www.DSRABenefitTrust.net for additional information and documents to help you with your Life Insurance questions. Benistar is always available at 1-888-588-6682 to help you or if you need additional information.

Voluntary Life Through MetLife

Amount	AGE							
	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89
\$10,000	\$ 2.30	\$ 4.30	\$ 6.60	\$ 12.70	\$ 20.60	\$ 29.83	\$ 48.47	\$ 63.38
\$20,000	\$ 4.60	\$ 8.60	\$ 13.20	\$ 25.40	\$ 41.20	\$ 59.66	\$ 96.94	\$ 126.76
\$30,000	\$ 6.90	\$ 12.90	\$ 19.80	\$ 38.10	\$ 61.80	\$ 89.49	\$ 145.41	\$ 190.14
\$40,000	\$ 9.20	\$ 17.20	\$ 26.40	\$ 50.80	\$ 82.40	\$ 119.32	\$ 193.88	\$ 253.52
\$50,000	\$ 11.50	\$ 21.50	\$ 33.00	\$ 63.50	\$ 103.00	\$ 149.15	\$ 242.35	\$ 316.90
\$60,000	\$ 13.80	\$ 25.80	\$ 39.60	\$ 76.20	\$ 123.60	\$ 178.98	\$ 290.82	\$ 380.28
\$70,000	\$ 16.10	\$ 30.10	\$ 46.20	\$ 88.90	\$ 144.20	\$ 208.81	\$ 339.29	\$ 443.66
\$80,000	\$ 18.40	\$ 34.40	\$ 52.80	\$ 101.60	\$ 164.80	\$ 238.64	\$ 387.76	\$ 507.04
\$90,000	\$ 20.70	\$ 38.70	\$ 59.40	\$ 114.30	\$ 185.40	\$ 268.47	\$ 436.23	\$ 570.42
\$100,000	\$ 23.00	\$ 43.00	\$ 66.00	\$ 127.00	\$ 206.00	\$ 298.30	\$ 484.70	\$ 633.80
\$110,000	\$ 25.30	\$ 47.30	\$ 72.60	\$ 139.70	\$ 226.60	\$ 328.13	\$ 533.17	\$ 697.18
\$120,000	\$ 27.60	\$ 51.60	\$ 79.20	\$ 152.40	\$ 247.20	\$ 357.96	\$ 581.64	\$ 760.56

Spousal Coverage Voluntary Life Through MetLife

Amount	AGE							
	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89
\$10,000	\$ 2.30	\$ 4.30	\$ 6.60	\$ 12.70	\$ 20.60	\$ 29.83	\$ 48.47	\$ 63.38
\$20,000	\$ 4.60	\$ 8.60	\$ 13.20	\$ 25.40	\$ 41.20	\$ 59.66	\$ 96.94	\$ 126.76
\$30,000	\$ 6.90	\$ 12.90	\$ 19.80	\$ 38.10	\$ 61.80	\$ 89.49	\$ 145.41	\$ 190.14
\$40,000	\$ 9.20	\$ 17.20	\$ 26.40	\$ 50.80	\$ 82.40	\$ 119.32	\$ 193.88	\$ 253.52
\$50,000	\$ 11.50	\$ 21.50	\$ 33.00	\$ 63.50	\$ 103.00	\$ 149.15	\$ 242.35	\$ 316.90

^vThe rates above do NOT include the \$3.50 administration fee. A Fee is only added for the Retiree or Surviving Spouse if they elect to continue coverage.

^{vi}Voluntary life plan rates change in five year increments, i.e. 40, 45, 50, etc. The new rate becomes effective 1/1 after the insured enters a new age category.

^{vii}Spouse costs are based on the retiree's age.

IMPORTANT change – Spouse of retiree has the option of remaining in the plan at the same rate they paid based on retiree's age, until age 80, then move to a whole life plan.