

STATE OF ALASKA SUPPLEMENTAL BENEFITS SYSTEM 2008/2009 PREMIUM CARD

The monthly premiums for each option is listed below. The premium cost for each benefit follows. The total premium cost for the options you select will be withheld from your salary each month. The premiums will be split. Since these premiums are deducted before taxes are calculated, your taxable income is reduced. The premiums on this card are effective 7/1/2008 through 6/30/2009.

LIFE INSURANCE

| Employee Age | \$10,000 | \$20,000 | \$30,000 | \$40,000 | \$48,000 |
|--------------|----------|----------|----------|----------|----------|
| Under 30 | \$.40 | \$.80 | \$ 1.20 | \$ 1.60 | \$ 1.92 |
| 30-39 | .40 | .80 | 1.20 | 1.60 | 1.92 |
| 40-44 | .80 | 1.60 | 2.40 | 3.20 | 3.84 |
| 45-49 | 1.00 | 2.00 | 3.00 | 4.00 | 4.80 |
| 50-54 | 1.60 | 3.20 | 4.80 | 6.40 | 7.68 |
| 55-59 | 2.40 | 4.80 | 7.20 | 9.60 | 11.52 |
| 60-64 | 3.40 | 6.80 | 10.20 | 13.60 | 16.32 |
| 65-69 | 5.00 | 10.00 | 15.00 | 20.00 | 24.00 |
| 70-74 | 11.00 | 22.00 | 33.00 | 44.00 | 52.80 |
| 75-79 | 20.60 | 41.20 | 61.80 | 82.40 | 98.88 |
| 80-84 | 29.40 | 58.80 | 88.20 | 117.60 | 141.12 |
| 85+ | 45.00 | 90.00 | 135.00 | 180.00 | 216.00 |

To determine your monthly premium, find your age as of 7/1/2008, the amount of life insurance elected, and the corresponding premium on the chart.

ACCIDENTAL DEATH AND DISMEMBERMENT

| Who is covered | Monthly Cost |
|---------------------|--------------|
| Employee | \$2.00 |
| Employee and Family | \$4.00 |

Your monthly premium is based on whom you elect to cover: you or you and your family.

SURVIVOR BENEFITS

| Employee Age | Monthly Cost |
|--------------|--------------|
| Under 30 | \$1.52 |
| 30 - 39 | 2.28 |
| 40 - 44 | 3.04 |
| 45 - 49 | 4.38 |
| 50 - 54 | 6.84 |
| 55 - 59 | 10.64 |
| 60 - 64 | 15.20 |
| 65 and over | 21.28 |

To determine your monthly premium, find your age as of 7/1/2008 and the corresponding premium on the chart.

SHORT-TERM DISABILITY

| Who is covered | Plan | Monthly Cost |
|----------------|----------------------|--------------|
| Employee | Plan A \$210/week | \$1.26 |

Every employee who elects this benefit pays the same premium.

LONG-TERM DISABILITY

| Employee Age | Premiums per \$100 of Wage | |
|--------------|----------------------------|--------------|
| | Plan B (50%) | Plan C (70%) |
| Under 25 | \$.40 | \$.88 |
| 25 - 29 | .40 | .88 |
| 30 - 34 | .40 | .90 |
| 35 - 39 | .42 | .92 |
| 40 - 44 | .44 | .98 |
| 45 - 49 | .48 | 1.04 |
| 50 - 54 | .52 | 1.14 |
| 55 - 59 | .58 | 1.24 |
| 60 - 64 | .58 | 1.26 |
| 65 - 69 | .62 | 1.32 |
| 70 and over | .76 | 1.58 |

To determine your monthly premium, divide your monthly wage by 100 and multiply the result by the monthly premium for your age group. Example: If your base pay is \$2,000 monthly and you are 54, the cost for Plan B is \$17.20 per month ($2,000 \div 100 = 20 \times \$.86 = \17.20).

DEPENDENT CARE ASSISTANCE PLAN

| | |
|------------------------|---------|
| Minimum Monthly Amount | \$.25 |
| Maximum Annual Amount | \$5,000 |

You must contribute in whole dollar amounts. The amount of contributions you elect will be deducted from your paycheck in equal amounts throughout the year.