

**STATE OF ALASKA
SUPPLEMENTAL BENEFITS SYSTEM
2004/2005 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 7/1/2004 through 6/30/2005.

LIFE INSURANCE

Employee Age	Monthly Cost				
	\$10,000	\$20,000	\$30,000	\$40,000	\$48,000
Under 30	\$.90	\$ 1.80	\$ 2.70	\$ 3.60	\$ 4.32
30 - 39	1.10	2.20	3.30	4.40	5.28
40 - 44	1.80	3.60	5.40	7.20	8.64
45 - 49	2.60	5.20	7.80	10.40	12.48
50 - 54	4.10	8.20	12.30	16.40	19.68
55 - 59	6.10	12.20	18.30	24.40	29.28
60 - 64	8.70	17.40	26.10	34.80	41.76
65 - 69	12.60	25.20	37.80	50.40	60.48
70 - 74	27.90	55.80	83.70	111.60	133.92
75 - 79	53.00	106.00	159.00	212.00	254.40
80 - 84	75.20	150.40	225.60	300.80	360.96
85 and over	115.70	231.40	347.10	462.80	555.36

To determine your monthly premium, find your age as of 7/1/2004, the amount of life insurance elected, and the corresponding premium on the chart.

ACCIDENTAL DEATH AND DISMEMBERMENT

Who is covered	Monthly Cost
Employee	\$4.00
Employee and Family	\$6.00

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	\$3.04
30 - 39	3.80
40 - 44	6.08
45 - 49	8.74
50 - 54	13.68
55 - 59	20.52
60 - 64	29.64
65 and over	42.56

To determine your monthly premium, find your age as of 7/1/2004 and the corresponding premium on the chart.

SHORT-TERM DISABILITY

Who is covered	Plan	Monthly Cost
Employee	Plan A \$210/week	\$1.96

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	\$.65	\$ 1.45
25 - 29	.66	1.46
30 - 34	.67	1.48
35 - 39	.69	1.53
40 - 44	.74	1.61
45 - 49	.79	1.72
50 - 54	.86	1.88
55 - 59	.95	2.05
60 - 64	.97	2.10
65 - 69	1.01	2.19
70 and over	1.25	2.62

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 ÷ 100 = 20 x \$.86 = \$17.20).

DEPENDENT DAY CARE REIMBURSEMENT

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.