

**UNIVERSITY OF NORTH ALABAMA
EMPLOYEE BENEFITS SELECTION COVERAGE
SUPPLEMENTAL OPTIONS**

SEMI-MONTHLY PAYROLL RATES/*ESTIMATED REDUCTION IN NET PAY DUE TO PRE-TAXING

ACCIDENT INDEMNITY

	SEMI-MONTHLY PREMIUM	* REDUCTION IN NET PAY
Employee Only	10.79	8.09
Employee and Spouse	15.28	11.46
One Parent Family	17.49	13.12
Two Parent Family	22.75	17.06

SPOUSE OFF THE JOB ACCIDENT DISABILITY RIDER 4.10 (after-tax)

Rate is for 6 months benefit period, 0/days elimination, \$700 per month benefit.

HOSPITAL PROTECTION

(EMPLOYEE AGES)	<u>18-39</u>		<u>40-49</u>		<u>50-59</u>		<u>60-70</u>	
	PREMIUM	* RED. IN NET PAY	PREMIUM	* RED. IN NET PAY	PREMIUM	* RED. IN NET PAY	PREMIUM	* RED. IN NET PAY
PLAN 1								
Employee Only	13.98	10.49	16.45	12.34	21.45	16.09	26.98	20.24
One Parent Family	19.83	14.87	21.32	15.99	25.35	19.01	34.32	25.74
Employee and Spouse	25.42	19.07	27.43	20.57	36.40	27.30	44.92	33.69
Two Parent Family	28.80	21.60	29.77	22.33	39.78	29.84	49.79	37.34
PLAN 2								
Employee Only	17.10	12.83	21.19	15.89	27.24	20.43	33.28	25.04
One Parent Family	24.12	18.09	27.11	20.33	32.18	24.14	41.28	30.96
Employee and Spouse	31.72	23.79	36.27	27.20	47.39	35.54	56.49	42.37
Two Parent Family	36.66	27.50	39.72	29.79	51.29	38.47	62.40	46.80
PLAN 3								
Employee Only	19.83	14.87	24.96	18.72	31.59	23.69	37.70	28.28
One Parent Family	27.89	20.92	31.46	23.60	37.05	27.79	46.28	34.71
Employee and Spouse	36.14	27.11	41.73	31.30	53.43	40.07	62.66	47.00
Two Parent Family	41.60	31.20	45.70	34.28	57.92	43.44	69.16	51.87
Initial Hospital Rider (Pays additional \$500 for first day per person per calendar year)								
Employee Only	3.90	2.92	4.42	3.32	6.12	4.59	8.98	6.74
One Parent Family	5.72	4.29	5.86	4.40	6.76	5.07	9.50	7.13
Employee and Spouse	7.54	5.66	8.46	6.35	11.44	8.58	17.94	13.45
Two Parent Family	9.36	7.02	9.88	7.41	12.10	9.08	18.46	13.85

*ESTIMATED REDUCTION IN NET PAY ASSUMES A 25% TAX RATE WHICH INCLUDES FICA, MEDICARE, FEDERAL INCOME TAX AND STATE INCOME TAX.