

## SUPPLEMENTAL LIFE INSURANCE PREMIUMS

**STANDARD EMPLOYEE  
MONTHLY PREMIUMS**  
Per \$1,000 of coverage

Your Age	Your Cost
29 and under	\$0.10
30-34	\$0.12
35-39	\$0.14
40-44	\$0.24
46-49	\$0.32
50-54	\$0.52
55-59	\$0.74
60-64	\$1.34
65-69	\$1.34
70+	\$2.12

**AETNA EMPLOYEE/DEPENDENT  
MONTHLY PREMIUM SCHEDULE**  
Per \$1,000 of coverage

Your Age	Your Cost
18-24	\$0.13
25-29	\$0.15
30-34	\$0.16
35-39	\$0.20
40-44	\$0.23
45-49	\$0.29
50-54	\$0.37
55-59	\$0.48
60-64	\$0.63
65-69	\$0.92
70+	Contact HR Office

**STANDARD DEPENDENT  
MONTHLY PREMIUMS**

Coverage Amount	Your Cost
\$2,000.00	\$0.94
\$4,000.00	\$1.88
\$6,000.00	\$2.82
\$12,000.00	\$5.64
\$15,000.00	\$7.06