

State of Alaska

2024 Voluntary Supplemental Benefits and Group Life Premiums

The monthly employee premiums for each option are listed below. The total premium cost for the options you select will be withheld from your salary each month. The monthly employee premiums will be split. Since most of these premiums will be deducted before taxes are calculated, your taxable income is reduced.

The premiums on this sheet are effective 1/1/2024.

SUPPLEMENTAL CRITICAL ILLNESS					
Age	Tiers				Rate Basis (multiple by \$15,000 or \$30,000)
	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse/Children	
<25	\$ 0.19	\$ 0.33	\$ 0.36	\$ 0.50	Per \$1,000 per month
25-29	0.21	0.35	0.37	0.52	Per \$1,000 per month
30-34	0.29	0.48	0.45	0.64	Per \$1,000 per month
35-39	0.41	0.67	0.58	0.84	Per \$1,000 per month
40-44	0.63	1.00	0.79	1.17	Per \$1,000 per month
45-49	0.95	1.50	1.12	1.66	Per \$1,000 per month
50-54	1.39	2.17	1.55	2.33	Per \$1,000 per month
55-59	1.95	3.05	2.12	3.21	Per \$1,000 per month
60-64	2.82	4.40	2.99	4.57	Per \$1,000 per month
65-69	4.27	6.65	4.44	6.81	Per \$1,000 per month
70+	6.49	10.04	6.66	10.21	Per \$1,000 per month

Example with \$15,000 of coverage:

A 24-year-old who elects Employee and Spouse (\$0.33) at \$15,000 has a premium of \$4.95 monthly.

Example with \$30,000 of coverage:

A 24-year-old who elects Employee and Spouse (\$0.33) at \$30,000 has a premium of \$9.90 monthly.

SELECT LIFE AND AD&D	
Age	Monthly Cost per \$1,000
Under 30	\$ 0.04
30-39	0.05
40-44	0.07
45-49	0.11
50-54	0.16
55-59	0.24
60-64	0.35
65-69	0.51
70-74	1.13
75+	1.42

To determine your monthly premium, find your age as of January 1, 2024, the amount of insurance elected, and the corresponding premium on the chart.

SUPPLEMENTAL LIFE	
Age	Monthly Cost per \$1,000
Under 30	\$ 0.03
30-39	0.03
40-44	0.05
45-49	0.08
50-54	0.13
55-59	0.20
60-64	0.28
65-69	0.44
70-74	0.89
75+	1.42

To determine your monthly premium, find your age as of January 1, 2024, the amount of insurance elected, and the corresponding premium on the chart.

Evidence of Insurability is required for \$200,000 and \$300,000.

ACCIDENTAL DEATH & DISMEMBERMENT	
Option	Monthly Cost
Employee Only	\$ 1.40
Employee and Family	2.10

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

SHORT-TERM DISABILITY	
Who Is Covered	Monthly Cost
Employee	\$ 3.06

Covers 60% of your monthly gross pay, up to a maximum of \$577/week. Every employee who elects this benefit pays the same premium.

LONG-TERM DISABILITY		
Age	Premium per \$100 of Wage	
	Plan B (50%)	Plan C (70%)
Under 25	\$ 0.20	\$ 0.46
25-29	0.21	0.46
30-34	0.21	0.47
35-39	0.22	0.48
40-44	0.22	0.51
45-49	0.25	0.54
50-54	0.26	0.60
55-59	0.30	0.65
60-64	0.31	0.65
65-69	0.31	0.68
70+	0.39	0.82

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 gross pay is \$2,000 monthly and you are 54, the cost for Plan B is \$5.20 per month (2,000 ÷ 100 = 20 x \$.26 = \$5.20). Premiums are determined by your pay of record on October 1 for the benefit year beginning on the first day of the following January.