

VCSU Summary of Benefits & Services

Benefit Eligible Staff (Bands 0000-3000)

This provides a brief summary for prospective and newly hired employees. Upon employment, benefits are discussed thoroughly with a member of Human Resources



Valley City State University offers more than 65 undergraduate programs in art, business, communication arts, computer systems and software engineering, education, kinesiology and human performance, language and literature, mathematics, music, science, social science, and technology education. VCSU holds the title for the best elementary education program in the country, outranking non-profit public and private schools. Founded in 1890 as a teacher's college, VCSU has held fast to its heritage and maintains an outstanding reputation for developing some of the finest K – 12 educators in the region.



VALLEY CITY
STATE UNIVERSITY

VCSU is an Equal Opportunity Employer

Contact the Office of Human Resources at:
701-845-7402 • human.resources@vcsu.edu • myweb.vcsu.edu/hrpayroll

SUMMARY OF BENEFITS & SERVICES



LEAVE (prorated if less than full-time)

Holidays

Ten paid holidays each year.

Annual Leave

Accrues upon employment. Begins at 12 days per year, and increases based on years of service up to a maximum of 24 days. Carryover is permitted up to 240 hours per year.

**Exceptions for Presidents, Executive Deans, Provosts, Vice-Presidents*

Sick Leave

Accrues upon employment at a rate of 12 days per year with unlimited accumulation. May use up to 80 hours annually for dependent care. (Additional 400 hours in the case of a serious health condition).

Shared Leave

After exhausting all applicable paid time off, an employee may qualify to receive donated leave.

Jury Duty

Paid time for jury service.

Funeral Leave

Up to 24 hours of paid time off to attend or prepare a funeral for immediate family of employee or spouse.

Military Duty Leave

Employees are eligible for paid time for the first 20 days of annual military duty and additional days paid if mobilized after the first 90 days of continuous employment.



OTHER

Educational Opportunities

VCSU employees are eligible for a 100% tuition discount at VCSU and a 50% tuition discount at other NDUS institutions for up to three online or face-to-face classes per calendar year. Spouses and dependents of VCSU employees are eligible for a 50% tuition discount at VCSU.

Flexible Spending Accounts

A Flexible Spending Account is an employee benefit that lets you use pre-tax money to pay for eligible healthcare expenses not covered by insurance, and eligible dependent care expenses.

Workforce Safety & Insurance (WSI)

WSI provides medical expense coverage with partial salary payment for work time lost and assistance with return-to-work for job-related injury or illnesses.

Employee Assistance Program

Services are available to employees and their dependents for issues involving relationships, the workplace, emotional health, and service for financial and legal counseling.



INSURANCE

Health

Premiums are 100% paid by VCSU for single or family coverage effective the first of the month following employment. Options include a high-deductible plan with a health savings account plan or a Traditional/PPO plan.

Disability Retirement

Premiums are 100% paid by VCSU. There is a six-month eligibility period for claims. Monthly income benefit equals 60% of your monthly wage base or 70% of your monthly wage base minus the sum of other disability payments. Payments can't exceed \$10,000 per month.

Life

The University provides a \$12,000 policy and the option to purchase additional insurance in \$5,000 increments up to \$600,000. Spouse and dependent coverage also available at group rates. Rates based off age and amount.

Elective Benefit Plans

- Accidental life insurance
- Cancer care
- Short-term disability
- Dental
- Supplemental life insurance
- Vision
- Flex Spending Accounts



RETIREMENT

TIAA 401(a) Defined Contribution

Employees are vested the first of the month following employment. The following are contribution rates based on years of service.

Contributions

0-2 Years	Employee	3.5%
	Employer	7.5%
2-10 years	Employee	4.5%
	Employer	12.5%
10+ years	Employee	5.0%
	Employer	13.0%

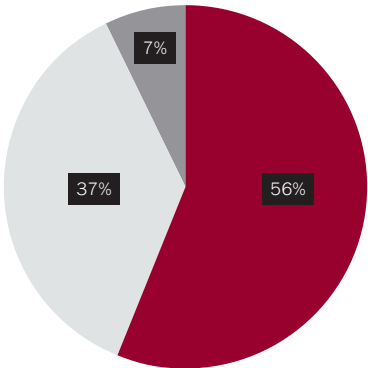
***Level determined at the time of hire**

Supplemental Retirement Accounts

- TIAA 403(b) Tax Deferred Annuity Plan allows contributions to the applicable IRS maximums.
- TIAA 403(b) Roth IRA allows after-tax contributions to the applicable IRS maximums.
- TIAA 457(b) Deferred Compensation Retirement Plan

TOTAL REWARDS EXAMPLE

Item	Employer Paid
■ Compensation	\$35,000.00
■ Employer Paid Benefit	\$22,741.44
■ Retirement (2-10yrs.)	\$4,375.00
Total	\$62,116.44



revised 8.30.23

Benefits described are subject to change. New employees are thoroughly oriented on current benefits upon employment.

NDPERS PPO/Basic Grandfathered Health Insurance Plan

This benefit grid presents a brief overview of covered services and payment levels of this product. It should not be used to determine whether your health care expenses will be paid. The written Certificate of Insurance governs the benefits available.

Description of Benefits		PPO with a PPO-participating provider within North Dakota or its contiguous counties		Basic Plan		Special Conditions
		Benefit Amount as a % of the allowed charge after the deductible is met.		Benefit Amount as a % of the allowed charge after the deductible is met.		See your certificate of insurance for details on participating and non-participating providers and how the PPO vs. Basic Plan determines benefit payment
	Amount you pay per visit (PPO/Basic)	Before out-of-pocket maximum is met	After out-of-pocket maximum is met	Before out-of-pocket maximum is met	After out-of-pocket maximum is met	
Inpatient Treatment Services		80%	100%	75%	100%	Preauthorization/prior approval is required for all non-emergent medical and surgical overnight stays. This includes when you stay overnight for treatment of a mental health and/or substance use disorder but does not include maternity.
Outpatient Treatment Services		\$25, then 80%	\$25, then 100%	\$30, then 75%	\$30, then 100%	Refer to the Certificate of Insurance for details on other covered outpatient therapy services.
Physical Therapy	\$25 / \$30	\$25, then 80%	\$25, then 100%	\$30, then 75%	\$30, then 100%	Benefits are based on established medical guidelines. Deductible does not apply.
Occupational & Speech Therapy	\$25 / \$30	\$25, then 80%	\$25, then 100%	\$30, then 75%	\$30, then 100%	Benefits are available for 90 consecutive calendar days per condition beginning on the date of the 1st therapy treatment for the condition. Additional benefits may be allowed after the 90 days when medically appropriate and necessary. Deductible does not apply.
Professional Health Care Provider Services		80%	100%	75%	100%	
Inpatient, Outpatient & Surgical Services						
Wellness Services						
Preventive Screening Services (members 6 and older)	\$30 / \$35	\$30, then 100%	\$30, then 100%	\$35, then 100%	\$35, then 100%	The Plan will pay up to a Maximum Benefit Allowance of \$200 per member per benefit period for any non-routine screening services not listed in the Certificate of Insurance. Such non-routine screening services will be subject to copayment, deductible, and coinsurance amounts after the \$200 benefit allowance has been met.
Immunizations		100%	100%	100%	100%	Deductible does not apply.
Mammography		100%	100%	100%	100%	The number of mammography services varies by age group. Refer to the benefit plan for details. Deductible does not apply.
Pap Smear Screening Services	\$30 / \$35	\$30, then 100%	\$30, then 100%	\$35, then 100%	\$35, then 100%	Maximum benefit allowance of 1 Pap smear per benefit period. Refer to the benefit plan for details. Deductible does not apply.
Prostate Cancer Screening Services	\$30 / \$35	80%	100%	75%	100%	Deductible does not apply to these services.
Home & Office Visits	\$30 / \$35	\$30, then 100%	\$30, then 100%	\$35, then 100%	\$35, then 100%	Deductible does not apply.
Diagnostic Services						
Lab, X-ray, MRI		80%	100%	75%	100%	
Allergy Testing		80%	100%	75%	100%	
Radiation Therapy, Chemotherapy & Dialysis		80%	100%	75%	100%	
Maternity Services		80%	100%	75%	100%	Deductible does not apply to delivery services received from a PPO provider when enrolled in the Healthy Pregnancy Program.
Inpatient, Outpatient, Pre & Postnatal Care						
Mental Health and Substance Use Disorder Treatment Services						Preauthorization/prior approval is required for non-emergency inpatient treatment for mental health and/or substance use disorders.
Inpatient - Includes acute inpatient admissions and residential treatment		80%	100%	75%	100%	
Outpatient						For all outpatient services, 100% of the allowed charge (includes copayment and deductible/coinsurance) is waived for the initial five (5) visits, per member per benefit period.
Office visits	\$30 / \$35	100%	100%	100%	100%	
All other services, includes intensive outpatient and partial hospitalization		80%	100%	80%	100%	
Emergency Services						Preauthorization/prior approval is not required.
Professional Health Care Provider Charge		80%	100%	80%	100%	Deductible does not apply to the office or emergency room visit.
Emergency Room Visit	\$60 / \$60	80%	100%	80%	100%	Copayment is waived when member is admitted to inpatient hospital.
Ambulance Services		80%	100%	80%	100%	
Skilled Nursing Facility Services		80%	100%	75%	100%	Preauthorization/prior approval is required.
Home Health Care Services		80%	100%	75%	100%	Preauthorization/prior approval is required.
Hospice Services		80%	100%	75%	100%	
Chiropractic Services						
Home & Office Visits	\$30 / \$35	100%	100%	100%	100%	Deductible does not apply.
Therapy & Manipulations	\$25 / \$30	80%	100%	75%	100%	Deductible does not apply.
Diagnostic Services		80%	100%	75%	100%	
Medical Supplies & Equipment		80%	100%	75%	100%	

NDPERS PPO/Basic Grandfathered Health Insurance Plan

This benefit grid presents a brief overview of covered services and payment levels of this product. It should not be used to determine whether your health care expenses will be paid. The written Certificate of Insurance governs the benefits available.

Description of Benefits		PPO		Basic Plan		Special Conditions
		with a PPO-participating provider within North Dakota or its contiguous counties				
		Benefit Amount as a % of the allowed charge after the deductible is met.		Benefit Amount as a % of the allowed charge after the deductible is met.		
	Amount you pay per visit (PPO/Basic)	Before out-of-pocket maximum is met	After out-of-pocket maximum is met	Before out-of-pocket maximum is met	After out-of-pocket maximum is met	
Hearing Aids		80%	100%	75%	100%	Limited to one hearing aid, per ear, per Member every 3 years. For Members ages 18 and older, excludes hearing aids to correct gradual hearing impairment or loss that occurs with aging and/or other lifestyle factors.

Description of Pharmacy Drug and Diabetes Supplies Benefits		Copayment		Special Conditions
Benefit Amount as a % of the allowed charge after the deductible is met.		Before out-of-pocket maximum is met	After out-of-pocket maximum is met	Benefits are subject to the Prescription Drug Coinsurance Maximum Amount. Deductible does not apply.
Prescription Medications (Retail and Mail Order)		One copayment amount per prescription order or refill for a 1-34 day supply. Two copayment amounts per prescription order or refill for a 35-100 day supply. Prescription Medications and nonprescription diabetes supplies are subject to a dispensing limit of a 100- day supply.		
Formulary		Copayment Amounts do not apply to the following nonprescription diabetes supplies: syringes, lancets, blood glucose test strips, urine test products and control solutions.		
Generic	\$7.50, then 88% of allowed charge	\$7.50	\$7.50	Cost Sharing Amounts are waived for prenatal vitamins.
Brand	\$25, then 75% of allowed charge	\$25	\$25	
Nonformulary	\$30, then 50% of allowed charge	\$30, then 50% of allowed charge		
Cost Sharing Amounts				
		PPO	Basic	
Single Coverage				
Deductible amount		\$500	\$500	
Coinsurance maximum		\$1,000	\$1,500	
Out-of-pocket maximum		\$1,500	\$2,000	
Family Coverage - All members in the family contribute to deductible and coinsurance amounts; however an individual family member's contribution cannot be more than the single coverage amount listed above.				
Deductible amount		\$1,500	\$1,500	
Coinsurance maximum		\$2,000	\$3,000	
Out-of-pocket maximum		\$3,500	\$4,500	

Prescription Drug Coinsurance Maximum Amount \$1,200 per member per benefit period
When the prescription drug coinsurance maximum amount has been met, copayment amounts will continue to apply, and formulary drugs will be covered at 100% of the allowed charge for the remainder of the benefit period. Prescription Medication Copayment Amounts do not apply toward the Prescription Drug Coinsurance Maximum Amount.

This chart reflects the cost sharing amounts for each benefit period. PPO and Basic amounts accumulate jointly. Prescription Medication Cost Sharing Amounts do not apply toward the Out-of-Pocket Maximum Amounts.

Preferred Provider Organizations (PPO)

PPO stands for "Preferred Provider Organization" and is a group of Health Care Providers who provide discounted services to the Members of NDPERS. Because PPO Health Care Providers charge Sanford Health Plan less for medical care services provided to the Members of NDPERS, cost savings are passed on to Members by way of reduced Cost Sharing Amounts.

To receive a higher payment level, Covered Services must be received from an NDPERS PPO Health Care Provider. Please see the NDPERS PPO Health Care Provider Listing at www.sanfordhealthplan.com/ndpers.

This grid describes an employer group health plan that is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits; and requirements under the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan, and what might cause a plan to change from grandfathered health plan status can be directed to Sanford Health Plan at memberservices@sanfordhealth.org. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or www.dol.gov/ebsa/healthreform. The Department of Labor website has a table summarizing which protections do and do not apply to grandfathered health plans.

Call (800) 499-3416 to speak with Customer Service.

NDPERS High Deductible Health Insurance Plan

This benefit grid presents a brief overview of covered services and payment levels of this product. It should not be used to determine whether your health care expenses will be paid. The written Certificate of Insurance governs the benefits available.

Description of Benefits	PPO		Basic Plan		Special Conditions
	with a PPO-participating provider within North Dakota or its contiguous counties				
Benefit Amount as a % of the allowed charge after the deductible is met.	Before out-of-pocket maximum is met	After out-of-pocket maximum is met	Before out-of-pocket maximum is met	After out-of-pocket maximum is met	See your certificate of insurance for details on participating and non-participating providers and how the PPO vs. Basic Plan determines benefit payment
Inpatient Hospital Services	80%	100%	75%	100%	Preauthorization/prior approval is required for all non-emergent medical and surgical overnight stays. This includes when you stay overnight for treatment of a mental health and/or substance use disorder but does not include maternity.
Outpatient Therapy Services	80%	100%	75%	100%	
Physical Therapy	80%	100%	75%	100%	Refer to the Certificate of Insurance for details on other covered outpatient therapy services. Benefits are based on the medical guidelines established by Sanford Health Plan.
Occupational & Speech Therapy	80%	100%	75%	100%	Benefits are available for 90 consecutive calendar days per condition beginning on the date of the 1st therapy treatment for the condition. Additional benefits may be allowed after the 90 days when medically appropriate and necessary.
Professional Health Care Provider Services	80%	100%	75%	100%	
Inpatient, Outpatient & Surgical Services					
Wellness Services	100%	100%	100%	100%	Deductible does not apply.
Immunizations					
Well Child Care (to member's 18th birthday)	100%	100%	100%	100%	Deductible does not apply.
Preventive Screening Services (members 18 and older)	100%	100%	100%	100%	Evidence-based items or services that have, in effect, a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force, when received from a Participating Provider, are covered without payment of any deductible or coinsurance requirement that would otherwise apply. As these recommendations change, your coverage may also change. Services performed outside of Plan Preventive Guidelines, and with a medical diagnosis, will be applied to your deductible and coinsurance. Refer to the benefit plan for details.
Colonoscopy or Sigmoidoscopy	100%	100%	100%	100%	Deductible does not apply to these services.
Mammography, Pap Smear & Fecal Occult Blood Testing	100%	100%	100%	100%	Deductible does not apply to these services.
Tobacco Cessation Services including office visit	100%	100%	100%	100%	For Members who use tobacco products, at least two (2) tobacco cessation attempts per year, covering four (4) tobacco cessation counseling sessions of at least ten (10) minutes each (including telephone counseling, group counseling and individual counseling); and all Food and Drug Administration (FDA)-approved tobacco cessation medications (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider. Preauthorization/Prior Approval is not required for any tobacco cessation services. Deductible does not apply.
Home & Office Visits	80%	100%	75%	100%	Deductible does not apply.
Diagnostic Services	80%	100%	75%	100%	
Lab, X-ray, MRI					
Allergy Testing	80%	100%	75%	100%	
Radiation Therapy, Chemotherapy & Dialysis	80%	100%	75%	100%	
Maternity Services	80%	100%	75%	100%	For prenatal and postnatal care, deductible is waived and coverage is at 100% (no charge).
Inpatient, Outpatient, Pre & Postnatal Care					
Mental Health and Substance Use Disorder Treatment Services	80%	100%	75%	100%	Preauthorization/prior approval is required.
Inpatient - includes acute inpatient admissions and residential treatment					
Outpatient					For all outpatient services, 100% of the allowed charge (includes deductible/coinsurance) is waived for the initial five (5) hours/visits, per member per benefit period. Coverage of the first five (5) hours will not apply when you elect an HSA. For full details, please refer to your Certificate of Insurance.
Office visits	80%	100%	80%	100%	
All other services, includes intensive outpatient and partial hospitalization	80%	100%	80%	100%	

NDPERS High Deductible Health Insurance Plan

Emergency Services	80%	100%	80%	100%	Preauthorization/prior approval is not required.
Professional Health Care Provider Charges	80%	100%	80%	100%	
Emergency Room Visit	80%	100%	80%	100%	
Ambulance Services	80%	100%	80%	100%	Deductible does not apply to the office or emergency room visit.
Skilled Nursing Facility Services	80%	100%	75%	100%	Preauthorization/prior approval is required.
Home Health Care Services	80%	100%	75%	100%	Preauthorization/prior approval is required.
Hospice Services	80%	100%	75%	100%	
Chiropractic Services					
Home & Office Visits	80%	100%	75%	100%	
Therapy & Manipulations	80%	100%	75%	100%	
Diagnostic Services	80%	100%	75%	100%	
Medical Supplies & Equipment	80%	100%	75%	100%	
Hearing Aids	80%	100%	75%	100%	Limited to one hearing aid, per ear, per Member every 3 years. For Members ages 18 and older, excludes hearing aids to correct gradual hearing impairment or loss that occurs with aging and/or other lifestyle factors.

This benefit grid presents a brief overview of covered services and payment levels of this product. It should not be used to determine whether your health care expenses will be paid. The written Certificate of Insurance governs the benefits available.

Description of Pharmacy Drug and Diabetes Supplies Benefits			Special Conditions	
Benefit Amount as a % of the allowed charge after the deductible is met.			Before out-of-pocket maximum is met	After out-of-pocket maximum is met
Prescription Medications (Retail and Mail Order)				
Formulary and Diabetes Supplies			80%	100%
Nonformulary			50%	100%
				<p>A Member must meet the Annual Deductible before Coinsurance Amounts will apply to prescription medications. When the Out-of-Pocket Maximum Amount is met, this Benefit Plan will pay 100% of the Allowed Charge for Formulary Prescription Medications.</p> <p>Formulary contraceptive medications obtainable with a Prescription Order are paid at 100% of Allowed Charge; this includes over-the-counter Plan-B, if obtained with a Prescription Order. Deductible Amount is waived.</p> <p>Folic Acid Supplements are covered at 100% (no charge) for women planning to become pregnant, or in their childbearing years, if obtained with a Prescription Order. Deductible Amount is waived.</p> <p>Vitamin D supplements are covered at 100% (no charge) for Members ages 65 and older at risk for falls, if obtained with a Prescription Order. Deductible Amount is waived.</p> <p>Formulary breast cancer preventive medications obtainable with a Prescription Order are covered at 100% (no charge) for women at increased risk for breast cancer. Deductible Amount is waived.</p>

Cost Sharing Amounts			Special Conditions	
			PPO	Basic
Single Coverage				
Deductible amount			\$2,000	\$2,000
Coinsurance maximum			<u>\$1,500</u>	<u>\$2,000</u>
Out-of-pocket maximum			\$3,500	\$4,000
				You must meet the Out-of-Pocket Maximum before this Benefit Plan begins to pay 100% of covered services. The coinsurance maximum listed is for illustrative purposes only.
Family Coverage				
Deductible amount			\$4,000	\$4,000
Coinsurance maximum			<u>\$3,000</u>	<u>\$4,000</u>
Out-of-pocket maximum			\$7,000	\$8,000
				You must meet the Out-of-Pocket Maximum before this Benefit Plan begins to pay 100% of covered services. The coinsurance maximum listed is for illustrative purposes only.

This chart reflects the cost sharing amounts for each benefit period. PPO and Basic amounts accumulate jointly. Prescription Medication Coinsurance Amounts accumulate toward a Member's cumulative annual Out-of-Pocket Maximum.

Preferred Provider Organizations (PPO)

PPO stands for "Preferred Provider Organization" and is a group of Health Care Providers who provide discounted services to the Members of NDPERS. Because PPO Health Care Providers charge Sanford Health Plan less for medical care services provided to the Members of NDPERS, cost savings are passed on to Members by way of reduced Cost Sharing Amounts. To receive a higher payment level, Covered Services must be received from an NDPERS PPO Health Care Provider. Please see the NDPERS PPO Health Care Provider Listing at www.sanfordhealthplan.com/ndpers.

Call (800) 499-3416 to speak with Member Services.

Health Savings Account (HSA) Contribution Information

The HSA helps cover medical expenses until your annual deductible and out-of-pocket maximum are met. NDPERS will contribute to your HSA for each month you participate as follows:

NDPERS Monthly HSA Contribution

The employer contributions are sent to the HSA vendor on a delayed schedule. For example, the June coverage month contributions will be posted to your HSA account by the end of July.

HDHP Policy Type	Monthly Contribution
Single Policy	\$119.62
Family Policy	\$289.36

IRS Annual Total Contribution Limits

In addition, you may be able to contribute to your HSA through pre-tax payroll deductions if your employer allows this option. The IRS establishes annual limits of total contributions (both employee and employer paid) that can be contributed to an HSA per calendar year.

Type of Coverage	2025	2026
Single	\$4,300	\$4,400
Family	\$8,550	\$8,750
55+ Catch-up	\$1,000	\$1,000

If your employer does not allow pre-tax payroll deductions to an HSA, you may contribute on an after-tax basis directly with Health Equity, HSA third-party administrator for Sanford Health Plan. You may claim those contributions when you file your annual tax return.

Supplemental Life and Accidental Death and Dismemberment Insurance
Monthly Premium Amounts - Underwritten by Voya
Rates Effective July 1, 2023
Basic Life = \$12,000

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$15,000</u>	<u>\$20,000</u>	<u>\$25,000</u>	<u>\$30,000</u>	<u>\$35,000</u>	<u>\$40,000</u>	<u>\$45,000</u>	<u>\$50,000</u>	<u>\$55,000</u>
Under 25	\$0.06	\$0.16	\$0.26	\$0.36	\$0.46	\$0.56	\$0.66	\$0.76	\$0.86
25 to 29	\$0.06	\$0.16	\$0.26	\$0.36	\$0.46	\$0.56	\$0.66	\$0.76	\$0.86
30 to 34	\$0.12	\$0.32	\$0.52	\$0.72	\$0.92	\$1.12	\$1.32	\$1.52	\$1.72
35 to 39	\$0.18	\$0.48	\$0.78	\$1.08	\$1.38	\$1.68	\$1.98	\$2.28	\$2.58
40 to 44	\$0.24	\$0.64	\$1.04	\$1.44	\$1.84	\$2.24	\$2.64	\$3.04	\$3.44
45 to 49	\$0.30	\$0.80	\$1.30	\$1.80	\$2.30	\$2.80	\$3.30	\$3.80	\$4.30
50 to 54	\$0.48	\$1.28	\$2.08	\$2.88	\$3.68	\$4.48	\$5.28	\$6.08	\$6.88
55 to 59	\$0.96	\$2.56	\$4.16	\$5.76	\$7.36	\$8.96	\$10.56	\$12.16	\$13.76
60 to 64	\$1.50	\$4.00	\$6.50	\$9.00	\$11.50	\$14.00	\$16.50	\$19.00	\$21.50
65 to 69	\$2.94	\$7.84	\$12.74	\$17.64	\$22.54	\$27.44	\$32.34	\$37.24	\$42.14
70+	\$4.86	\$12.96	\$21.06	\$29.16	\$37.26	\$45.36	\$53.46	\$61.56	\$69.66

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$60,000</u>	<u>\$65,000</u>	<u>\$70,000</u>	<u>\$75,000</u>	<u>\$80,000</u>	<u>\$85,000</u>	<u>\$90,000</u>	<u>\$95,000</u>	<u>\$100,000</u>
Under 25	\$0.96	\$1.06	\$1.16	\$1.26	\$1.36	\$1.46	\$1.56	\$1.66	\$1.76
25 to 29	\$0.96	\$1.06	\$1.16	\$1.26	\$1.36	\$1.46	\$1.56	\$1.66	\$1.76
30 to 34	\$1.92	\$2.12	\$2.32	\$2.52	\$2.72	\$2.92	\$3.12	\$3.32	\$3.52
35 to 39	\$2.88	\$3.18	\$3.48	\$3.78	\$4.08	\$4.38	\$4.68	\$4.98	\$5.28
40 to 44	\$3.84	\$4.24	\$4.64	\$5.04	\$5.44	\$5.84	\$6.24	\$6.64	\$7.04
45 to 49	\$4.80	\$5.30	\$5.80	\$6.30	\$6.80	\$7.30	\$7.80	\$8.30	\$8.80
50 to 54	\$7.68	\$8.48	\$9.28	\$10.08	\$10.88	\$11.68	\$12.48	\$13.28	\$14.08
55 to 59	\$15.36	\$16.96	\$18.56	\$20.16	\$21.76	\$23.36	\$24.96	\$26.56	\$28.16
60 to 64	\$24.00	\$26.50	\$29.00	\$31.50	\$34.00	\$36.50	\$39.00	\$41.50	\$44.00
65 to 69	\$47.04	\$51.94	\$56.84	\$61.74	\$66.64	\$71.54	\$76.44	\$81.34	\$86.24
70+	\$77.76	\$85.86	\$93.96	\$102.06	\$110.16	\$118.26	\$126.36	\$134.46	\$142.56

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$105,000</u>	<u>\$110,000</u>	<u>\$115,000</u>	<u>\$120,000</u>	<u>\$125,000</u>	<u>\$130,000</u>	<u>\$135,000</u>	<u>\$140,000</u>	<u>\$145,000</u>	<u>\$150,000</u>
Under 25	\$1.86	\$1.96	\$2.06	\$2.16	\$2.26	\$2.36	\$2.46	\$2.56	\$2.66	\$2.76
25 to 29	\$1.86	\$1.96	\$2.06	\$2.16	\$2.26	\$2.36	\$2.46	\$2.56	\$2.66	\$2.76
30 to 34	\$3.72	\$3.92	\$4.12	\$4.32	\$4.52	\$4.72	\$4.92	\$5.12	\$5.32	\$5.52
35 to 39	\$5.58	\$5.88	\$6.18	\$6.48	\$6.78	\$7.08	\$7.38	\$7.68	\$7.98	\$8.28
40 to 44	\$7.44	\$7.84	\$8.24	\$8.64	\$9.04	\$9.44	\$9.84	\$10.24	\$10.64	\$11.04
45 to 49	\$9.30	\$9.80	\$10.30	\$10.80	\$11.30	\$11.80	\$12.30	\$12.80	\$13.30	\$13.80
50 to 54	\$14.88	\$15.68	\$16.48	\$17.28	\$18.08	\$18.88	\$19.68	\$20.48	\$21.28	\$22.08
55 to 59	\$29.76	\$31.36	\$32.96	\$34.56	\$36.16	\$37.76	\$39.36	\$40.96	\$42.56	\$44.16
60 to 64	\$46.50	\$49.00	\$51.50	\$54.00	\$56.50	\$59.00	\$61.50	\$64.00	\$66.50	\$69.00
65 to 69	\$91.14	\$96.04	\$100.94	\$105.84	\$110.74	\$115.64	\$120.54	\$125.44	\$130.34	\$135.24
70+	\$150.66	\$158.76	\$166.86	\$174.96	\$183.06	\$191.16	\$199.26	\$207.36	\$215.46	\$223.56

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$155,000</u>	<u>\$160,000</u>	<u>\$165,000</u>	<u>\$170,000</u>	<u>\$175,000</u>	<u>\$180,000</u>	<u>\$185,000</u>	<u>\$190,000</u>	<u>\$195,000</u>	<u>\$200,000</u>
Under 25	\$2.86	\$2.96	\$3.06	\$3.16	\$3.26	\$3.36	\$3.46	\$3.56	\$3.66	\$3.76
25 to 29	\$2.86	\$2.96	\$3.06	\$3.16	\$3.26	\$3.36	\$3.46	\$3.56	\$3.66	\$3.76
30 to 34	\$5.72	\$5.92	\$6.12	\$6.32	\$6.52	\$6.72	\$6.92	\$7.12	\$7.32	\$7.52
35 to 39	\$8.58	\$8.88	\$9.18	\$9.48	\$9.78	\$10.08	\$10.38	\$10.68	\$10.98	\$11.28
40 to 44	\$11.44	\$11.84	\$12.24	\$12.64	\$13.04	\$13.44	\$13.84	\$14.24	\$14.64	\$15.04
45 to 49	\$14.30	\$14.80	\$15.30	\$15.80	\$16.30	\$16.80	\$17.30	\$17.80	\$18.30	\$18.80
50 to 54	\$22.88	\$23.68	\$24.48	\$25.28	\$26.08	\$26.88	\$27.68	\$28.48	\$29.28	\$30.08
55 to 59	\$45.76	\$47.36	\$48.96	\$50.56	\$52.16	\$53.76	\$55.36	\$56.96	\$58.56	\$60.16
60 to 64	\$71.50	\$74.00	\$76.50	\$79.00	\$81.50	\$84.00	\$86.50	\$89.00	\$91.50	\$94.00
65 to 69	\$140.14	\$145.04	\$149.94	\$154.84	\$159.74	\$164.64	\$169.54	\$174.44	\$179.34	\$184.24
70+	\$231.66	\$239.76	\$247.86	\$255.96	\$264.06	\$272.16	\$280.26	\$288.36	\$296.46	\$304.56

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$205,000</u>	<u>\$210,000</u>	<u>\$215,000</u>	<u>\$220,000</u>	<u>\$225,000</u>	<u>\$230,000</u>	<u>\$235,000</u>	<u>\$240,000</u>	<u>\$245,000</u>	<u>\$250,000</u>
Under 25	\$3.86	\$3.96	\$4.06	\$4.16	\$4.26	\$4.36	\$4.46	\$4.56	\$4.66	\$4.76
25 to 29	\$3.86	\$3.96	\$4.06	\$4.16	\$4.26	\$4.36	\$4.46	\$4.56	\$4.66	\$4.76
30 to 34	\$7.72	\$7.92	\$8.12	\$8.32	\$8.52	\$8.72	\$8.92	\$9.12	\$9.32	\$9.52
35 to 39	\$11.58	\$11.88	\$12.18	\$12.48	\$12.78	\$13.08	\$13.38	\$13.68	\$13.98	\$14.28
40 to 44	\$15.44	\$15.84	\$16.24	\$16.64	\$17.04	\$17.44	\$17.84	\$18.24	\$18.64	\$19.04
45 to 49	\$19.30	\$19.80	\$20.30	\$20.80	\$21.30	\$21.80	\$22.30	\$22.80	\$23.30	\$23.80
50 to 54	\$30.88	\$31.68	\$32.48	\$33.28	\$34.08	\$34.88	\$35.68	\$36.48	\$37.28	\$38.08
55 to 59	\$61.76	\$63.36	\$64.96	\$66.56	\$68.16	\$69.76	\$71.36	\$72.96	\$74.56	\$76.16
60 to 64	\$96.50	\$99.00	\$101.50	\$104.00	\$106.50	\$109.00	\$111.50	\$114.00	\$116.50	\$119.00
65 to 69	\$189.14	\$194.04	\$198.94	\$203.84	\$208.74	\$213.64	\$218.54	\$223.44	\$228.34	\$233.24
70+	\$312.66	\$320.76	\$328.86	\$336.96	\$345.06	\$353.16	\$361.26	\$369.36	\$377.46	\$385.56

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$255,000</u>	<u>\$260,000</u>	<u>\$265,000</u>	<u>\$270,000</u>	<u>\$275,000</u>	<u>\$280,000</u>	<u>\$285,000</u>	<u>\$290,000</u>	<u>\$295,000</u>	<u>\$300,000</u>
Under 25	\$4.86	\$4.96	\$5.06	\$5.16	\$5.26	\$5.36	\$5.46	\$5.56	\$5.66	\$5.76
25 to 29	\$4.86	\$4.96	\$5.06	\$5.16	\$5.26	\$5.36	\$5.46	\$5.56	\$5.66	\$5.76
30 to 34	\$9.72	\$9.92	\$10.12	\$10.32	\$10.52	\$10.72	\$10.92	\$11.12	\$11.32	\$11.52
35 to 39	\$14.58	\$14.88	\$15.18	\$15.48	\$15.78	\$16.08	\$16.38	\$16.68	\$16.98	\$17.28
40 to 44	\$19.44	\$19.84	\$20.24	\$20.64	\$21.04	\$21.44	\$21.84	\$22.24	\$22.64	\$23.04
45 to 49	\$24.30	\$24.80	\$25.30	\$25.80	\$26.30	\$26.80	\$27.30	\$27.80	\$28.30	\$28.80
50 to 54	\$38.88	\$39.68	\$40.48	\$41.28	\$42.08	\$42.88	\$43.68	\$44.48	\$45.28	\$46.08
55 to 59	\$77.76	\$79.36	\$80.96	\$82.56	\$84.16	\$85.76	\$87.36	\$88.96	\$90.56	\$92.16
60 to 64	\$121.50	\$124.00	\$126.50	\$129.00	\$131.50	\$134.00	\$136.50	\$139.00	\$141.50	\$144.00
65 to 69	\$238.14	\$243.04	\$247.94	\$252.84	\$257.74	\$262.64	\$267.54	\$272.44	\$277.34	\$282.24
70+	\$393.66	\$401.76	\$409.86	\$417.96	\$426.06	\$434.16	\$442.26	\$450.36	\$458.46	\$466.56

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$305,000</u>	<u>\$310,000</u>	<u>\$315,000</u>	<u>\$320,000</u>	<u>\$325,000</u>	<u>\$330,000</u>	<u>\$335,000</u>	<u>\$340,000</u>	<u>\$345,000</u>	<u>\$350,000</u>
Under 25	\$5.86	\$5.96	\$6.06	\$6.16	\$6.26	\$6.36	\$6.46	\$6.56	\$6.66	\$6.76
25 to 29	\$5.86	\$5.96	\$6.06	\$6.16	\$6.26	\$6.36	\$6.46	\$6.56	\$6.66	\$6.76
30 to 34	\$11.72	\$11.92	\$12.12	\$12.32	\$12.52	\$12.72	\$12.92	\$13.12	\$13.32	\$13.52
35 to 39	\$17.58	\$17.88	\$18.18	\$18.48	\$18.78	\$19.08	\$19.38	\$19.68	\$19.98	\$20.28
40 to 44	\$23.44	\$23.84	\$24.24	\$24.64	\$25.04	\$25.44	\$25.84	\$26.24	\$26.64	\$27.04
45 to 49	\$29.30	\$29.80	\$30.30	\$30.80	\$31.30	\$31.80	\$32.30	\$32.80	\$33.30	\$33.80
50 to 54	\$46.88	\$47.68	\$48.48	\$49.28	\$50.08	\$50.88	\$51.68	\$52.48	\$53.28	\$54.08
55 to 59	\$93.76	\$95.36	\$96.96	\$98.56	\$100.16	\$101.76	\$103.36	\$104.96	\$106.56	\$108.16
60 to 64	\$146.50	\$149.00	\$151.50	\$154.00	\$156.50	\$159.00	\$161.50	\$164.00	\$166.50	\$169.00
65 to 69	\$287.14	\$292.04	\$296.94	\$301.84	\$306.74	\$311.64	\$316.54	\$321.44	\$326.34	\$331.24
70+	\$474.66	\$482.76	\$490.86	\$498.96	\$507.06	\$515.16	\$523.26	\$531.36	\$539.46	\$547.56

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$355,000</u>	<u>\$360,000</u>	<u>\$365,000</u>	<u>\$370,000</u>	<u>\$375,000</u>	<u>\$380,000</u>	<u>\$385,000</u>	<u>\$390,000</u>	<u>\$395,000</u>	<u>\$400,000</u>
Under 25	\$6.86	\$6.96	\$7.06	\$7.16	\$7.26	\$7.36	\$7.46	\$7.56	\$7.66	\$7.76
25 to 29	\$6.86	\$6.96	\$7.06	\$7.16	\$7.26	\$7.36	\$7.46	\$7.56	\$7.66	\$7.76
30 to 34	\$13.72	\$13.92	\$14.12	\$14.32	\$14.52	\$14.72	\$14.92	\$15.12	\$15.32	\$15.52
35 to 39	\$20.58	\$20.88	\$21.18	\$21.48	\$21.78	\$22.08	\$22.38	\$22.68	\$22.98	\$23.28
40 to 44	\$27.44	\$27.84	\$28.24	\$28.64	\$29.04	\$29.44	\$29.84	\$30.24	\$30.64	\$31.04
45 to 49	\$34.30	\$34.80	\$35.30	\$35.80	\$36.30	\$36.80	\$37.30	\$37.80	\$38.30	\$38.80
50 to 54	\$54.88	\$55.68	\$56.48	\$57.28	\$58.08	\$58.88	\$59.68	\$60.48	\$61.28	\$62.08
55 to 59	\$109.76	\$111.36	\$112.96	\$114.56	\$116.16	\$117.76	\$119.36	\$120.96	\$122.56	\$124.16
60 to 64	\$171.50	\$174.00	\$176.50	\$179.00	\$181.50	\$184.00	\$186.50	\$189.00	\$191.50	\$194.00
65 to 69	\$336.14	\$341.04	\$345.94	\$350.84	\$355.74	\$360.64	\$365.54	\$370.44	\$375.34	\$380.24
70+	\$555.66	\$563.76	\$571.86	\$579.96	\$588.06	\$596.16	\$604.26	\$612.36	\$620.46	\$628.56

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$405,000</u>	<u>\$410,000</u>	<u>\$415,000</u>	<u>\$420,000</u>	<u>\$425,000</u>	<u>\$430,000</u>	<u>\$435,000</u>	<u>\$440,000</u>	<u>\$445,000</u>	<u>\$450,000</u>
Under 25	\$7.86	\$7.96	\$8.06	\$8.16	\$8.26	\$8.36	\$8.46	\$8.56	\$8.66	\$8.76
25 to 29	\$7.86	\$7.96	\$8.06	\$8.16	\$8.26	\$8.36	\$8.46	\$8.56	\$8.66	\$8.76
30 to 34	\$15.72	\$15.92	\$16.12	\$16.32	\$16.52	\$16.72	\$16.92	\$17.12	\$17.32	\$17.52
35 to 39	\$23.58	\$23.88	\$24.18	\$24.48	\$24.78	\$25.08	\$25.38	\$25.68	\$25.98	\$26.28
40 to 44	\$31.44	\$31.84	\$32.24	\$32.64	\$33.04	\$33.44	\$33.84	\$34.24	\$34.64	\$35.04
45 to 49	\$39.30	\$39.80	\$40.30	\$40.80	\$41.30	\$41.80	\$42.30	\$42.80	\$43.30	\$43.80
50 to 54	\$62.88	\$63.68	\$64.48	\$65.28	\$66.08	\$66.88	\$67.68	\$68.48	\$69.28	\$70.08
55 to 59	\$125.76	\$127.36	\$128.96	\$130.56	\$132.16	\$133.76	\$135.36	\$136.96	\$138.56	\$140.16
60 to 64	\$196.50	\$199.00	\$201.50	\$204.00	\$206.50	\$209.00	\$211.50	\$214.00	\$216.50	\$219.00
65 to 69	\$385.14	\$390.04	\$394.94	\$399.84	\$404.74	\$409.64	\$414.54	\$419.44	\$424.34	\$429.24
70+	\$636.66	\$644.76	\$652.86	\$660.96	\$669.06	\$677.16	\$685.26	\$693.36	\$701.46	\$709.56

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$455,000</u>	<u>\$460,000</u>	<u>\$465,000</u>	<u>\$470,000</u>	<u>\$475,000</u>	<u>\$480,000</u>	<u>\$485,000</u>	<u>\$490,000</u>	<u>\$495,000</u>	<u>\$500,000</u>
Under 25	\$8.86	\$8.96	\$9.06	\$9.16	\$9.26	\$9.36	\$9.46	\$9.56	\$9.66	\$9.76
25 to 29	\$8.86	\$8.96	\$9.06	\$9.16	\$9.26	\$9.36	\$9.46	\$9.56	\$9.66	\$9.76
30 to 34	\$17.72	\$17.92	\$18.12	\$18.32	\$18.52	\$18.72	\$18.92	\$19.12	\$19.32	\$19.52
35 to 39	\$26.58	\$26.88	\$27.18	\$27.48	\$27.78	\$28.08	\$28.38	\$28.68	\$28.98	\$29.28
40 to 44	\$35.44	\$35.84	\$36.24	\$36.64	\$37.04	\$37.44	\$37.84	\$38.24	\$38.64	\$39.04
45 to 49	\$44.30	\$44.80	\$45.30	\$45.80	\$46.30	\$46.80	\$47.30	\$47.80	\$48.30	\$48.80
50 to 54	\$70.88	\$71.68	\$72.48	\$73.28	\$74.08	\$74.88	\$75.68	\$76.48	\$77.28	\$78.08
55 to 59	\$141.76	\$143.36	\$144.96	\$146.56	\$148.16	\$149.76	\$151.36	\$152.96	\$154.56	\$156.16
60 to 64	\$221.50	\$224.00	\$226.50	\$229.00	\$231.50	\$234.00	\$236.50	\$239.00	\$241.50	\$244.00
65 to 69	\$434.14	\$439.04	\$443.94	\$448.84	\$453.74	\$458.64	\$463.54	\$468.44	\$473.34	\$478.24
70+	\$717.66	\$725.76	\$733.86	\$741.96	\$750.06	\$758.16	\$766.26	\$774.36	\$782.46	\$790.56

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$505,000</u>	<u>\$510,000</u>	<u>\$515,000</u>	<u>\$520,000</u>	<u>\$525,000</u>	<u>\$530,000</u>	<u>\$535,000</u>	<u>\$540,000</u>	<u>\$545,000</u>	<u>\$550,000</u>
Under 25	\$9.86	\$9.96	\$10.06	\$10.16	\$10.26	\$10.36	\$10.46	\$10.56	\$10.66	\$10.76
25 to 29	\$9.86	\$9.96	\$10.06	\$10.16	\$10.26	\$10.36	\$10.46	\$10.56	\$10.66	\$10.76
30 to 34	\$19.72	\$19.92	\$20.12	\$20.32	\$20.52	\$20.72	\$20.92	\$21.12	\$21.32	\$21.52
35 to 39	\$29.58	\$29.88	\$30.18	\$30.48	\$30.78	\$31.08	\$31.38	\$31.68	\$31.98	\$32.28
40 to 44	\$39.44	\$39.84	\$40.24	\$40.64	\$41.04	\$41.44	\$41.84	\$42.24	\$42.64	\$43.04
45 to 49	\$49.30	\$49.80	\$50.30	\$50.80	\$51.30	\$51.80	\$52.30	\$52.80	\$53.30	\$53.80
50 to 54	\$78.88	\$79.68	\$80.48	\$81.28	\$82.08	\$82.88	\$83.68	\$84.48	\$85.28	\$86.08
55 to 59	\$157.76	\$159.36	\$160.96	\$162.56	\$164.16	\$165.76	\$167.36	\$168.96	\$170.56	\$172.16
60 to 64	\$246.50	\$249.00	\$251.50	\$254.00	\$256.50	\$259.00	\$261.50	\$264.00	\$266.50	\$269.00
65 to 69	\$483.14	\$488.04	\$492.94	\$497.84	\$502.74	\$507.64	\$512.54	\$517.44	\$522.34	\$527.24
70+	\$798.66	\$806.76	\$814.86	\$822.96	\$831.06	\$839.16	\$847.26	\$855.36	\$863.46	\$871.56

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$555,000</u>	<u>\$560,000</u>	<u>\$565,000</u>	<u>\$570,000</u>	<u>\$575,000</u>	<u>\$580,000</u>	<u>\$585,000</u>	<u>\$590,000</u>	<u>\$595,000</u>	<u>\$600,000</u>
Under 25	\$10.86	\$10.96	\$11.06	\$11.16	\$11.26	\$11.36	\$11.46	\$11.56	\$11.66	\$11.76
25 to 29	\$10.86	\$10.96	\$11.06	\$11.16	\$11.26	\$11.36	\$11.46	\$11.56	\$11.66	\$11.76
30 to 34	\$21.72	\$21.92	\$22.12	\$22.32	\$22.52	\$22.72	\$22.92	\$23.12	\$23.32	\$23.52
35 to 39	\$32.58	\$32.88	\$33.18	\$33.48	\$33.78	\$34.08	\$34.38	\$34.68	\$34.98	\$35.28
40 to 44	\$43.44	\$43.84	\$44.24	\$44.64	\$45.04	\$45.44	\$45.84	\$46.24	\$46.64	\$47.04
45 to 49	\$54.30	\$54.80	\$55.30	\$55.80	\$56.30	\$56.80	\$57.30	\$57.80	\$58.30	\$58.80
50 to 54	\$86.88	\$87.68	\$88.48	\$89.28	\$90.08	\$90.88	\$91.68	\$92.48	\$93.28	\$94.08
55 to 59	\$173.76	\$175.36	\$176.96	\$178.56	\$180.16	\$181.76	\$183.36	\$184.96	\$186.56	\$188.16
60 to 64	\$271.50	\$274.00	\$276.50	\$279.00	\$281.50	\$284.00	\$286.50	\$289.00	\$291.50	\$294.00
65 to 69	\$532.14	\$537.04	\$541.94	\$546.84	\$551.74	\$556.64	\$561.54	\$566.44	\$571.34	\$576.24
70+	\$879.66	\$887.76	\$895.86	\$903.96	\$912.06	\$920.16	\$928.26	\$936.36	\$944.46	\$952.56

**Dependent Supplemental Life Insurance Premiums
Monthly Premium Amounts
Rates Effective July 1, 2023**

Employee Age	Total Coverage			
	\$2,000	\$5,000	\$7,000	\$10,000
Under 25	\$0.20	\$0.50	\$0.70	\$1.00
25 to 29	\$0.20	\$0.50	\$0.70	\$1.00
30 to 34	\$0.20	\$0.50	\$0.70	\$1.00
35 to 39	\$0.20	\$0.50	\$0.70	\$1.00
40 to 44	\$0.20	\$0.50	\$0.70	\$1.00
45 to 49	\$0.20	\$0.50	\$0.70	\$1.00
50 to 54	\$0.20	\$0.50	\$0.70	\$1.00
55 to 59	\$0.20	\$0.50	\$0.70	\$1.00
60 to 64	\$0.20	\$0.50	\$0.70	\$1.00
65 to 69	\$0.20	\$0.50	\$0.70	\$1.00
70+	\$0.20	\$0.50	\$0.70	\$1.00

**Spouse Supplemental Life Insurance
Monthly Premium Amounts
Rates Effective July 1, 2023**

Employee's Age	Spouse Total Coverage									
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
Under 25	\$0.10	\$0.20	\$0.30	\$0.40	\$0.50	\$0.60	\$0.70	\$0.80	\$0.90	\$1.00
25 to 29	\$0.10	\$0.20	\$0.30	\$0.40	\$0.50	\$0.60	\$0.70	\$0.80	\$0.90	\$1.00
30 to 34	\$0.20	\$0.40	\$0.60	\$0.80	\$1.00	\$1.20	\$1.40	\$1.60	\$1.80	\$2.00
35 to 39	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
40 to 44	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
45 to 49	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
50 to 54	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
55 to 59	\$1.60	\$3.20	\$4.80	\$6.40	\$8.00	\$9.60	\$11.20	\$12.80	\$14.40	\$16.00
60 to 64	\$2.50	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00	\$17.50	\$20.00	\$22.50	\$25.00
65 to 69	\$4.90	\$9.80	\$14.70	\$19.60	\$24.50	\$29.40	\$34.30	\$39.20	\$44.10	\$49.00
70+	\$8.00	\$16.00	\$24.00	\$32.00	\$40.00	\$48.00	\$56.00	\$64.00	\$72.00	\$80.00

Employee's Age	Spouse Total Coverage									
	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000
Under 25	\$1.10	\$1.20	\$1.30	\$1.40	\$1.50	\$1.60	\$1.70	\$1.80	\$1.90	\$2.00
25 to 29	\$1.10	\$1.20	\$1.30	\$1.40	\$1.50	\$1.60	\$1.70	\$1.80	\$1.90	\$2.00
30 to 34	\$2.20	\$2.40	\$2.60	\$2.80	\$3.00	\$3.20	\$3.40	\$3.60	\$3.80	\$4.00
35 to 39	\$3.30	\$3.60	\$3.90	\$4.20	\$4.50	\$4.80	\$5.10	\$5.40	\$5.70	\$6.00
40 to 44	\$4.40	\$4.80	\$5.20	\$5.60	\$6.00	\$6.40	\$6.80	\$7.20	\$7.60	\$8.00
45 to 49	\$5.50	\$6.00	\$6.50	\$7.00	\$7.50	\$8.00	\$8.50	\$9.00	\$9.50	\$10.00
50 to 54	\$8.80	\$9.60	\$10.40	\$11.20	\$12.00	\$12.80	\$13.60	\$14.40	\$15.20	\$16.00
55 to 59	\$17.60	\$19.20	\$20.80	\$22.40	\$24.00	\$25.60	\$27.20	\$28.80	\$30.40	\$32.00
60 to 64	\$27.50	\$30.00	\$32.50	\$35.00	\$37.50	\$40.00	\$42.50	\$45.00	\$47.50	\$50.00
65 to 69	\$53.90	\$58.80	\$63.70	\$68.60	\$73.50	\$78.40	\$83.30	\$88.20	\$93.10	\$98.00
70+	\$88.00	\$96.00	\$104.00	\$112.00	\$120.00	\$128.00	\$136.00	\$144.00	\$152.00	\$160.00

<u>Employee's Age</u>	<u>Spouse Total Coverage</u>									
	<u>\$105,000</u>	<u>\$110,000</u>	<u>\$115,000</u>	<u>\$120,000</u>	<u>\$125,000</u>	<u>\$130,000</u>	<u>\$135,000</u>	<u>\$140,000</u>	<u>\$145,000</u>	<u>\$150,000</u>
Under 25	\$2.10	\$2.20	\$2.30	\$2.40	\$2.50	\$2.60	\$2.70	\$2.80	\$2.90	\$3.00
25 to 29	\$2.10	\$2.20	\$2.30	\$2.40	\$2.50	\$2.60	\$2.70	\$2.80	\$2.90	\$3.00
30 to 34	\$4.20	\$4.40	\$4.60	\$4.80	\$5.00	\$5.20	\$5.40	\$5.60	\$5.80	\$6.00
35 to 39	\$6.30	\$6.60	\$6.90	\$7.20	\$7.50	\$7.80	\$8.10	\$8.40	\$8.70	\$9.00
40 to 44	\$8.40	\$8.80	\$9.20	\$9.60	\$10.00	\$10.40	\$10.80	\$11.20	\$11.60	\$12.00
45 to 49	\$10.50	\$11.00	\$11.50	\$12.00	\$12.50	\$13.00	\$13.50	\$14.00	\$14.50	\$15.00
50 to 54	\$16.80	\$17.60	\$18.40	\$19.20	\$20.00	\$20.80	\$21.60	\$22.40	\$23.20	\$24.00
55 to 59	\$33.60	\$35.20	\$36.80	\$38.40	\$40.00	\$41.60	\$43.20	\$44.80	\$46.40	\$48.00
60 to 64	\$52.50	\$55.00	\$57.50	\$60.00	\$62.50	\$65.00	\$67.50	\$70.00	\$72.50	\$75.00
65 to 69	\$102.90	\$107.80	\$112.70	\$117.60	\$122.50	\$127.40	\$132.30	\$137.20	\$142.10	\$147.00
70+	\$168.00	\$176.00	\$184.00	\$192.00	\$200.00	\$208.00	\$216.00	\$224.00	\$232.00	\$240.00

<u>Employee's Age</u>	<u>Spouse Total Coverage</u>									
	<u>\$155,000</u>	<u>\$160,000</u>	<u>\$165,000</u>	<u>\$170,000</u>	<u>\$175,000</u>	<u>\$180,000</u>	<u>\$185,000</u>	<u>\$190,000</u>	<u>\$195,000</u>	<u>\$200,000</u>
Under 25	\$3.10	\$3.20	\$3.30	\$3.40	\$3.50	\$3.60	\$3.70	\$3.80	\$3.90	\$4.00
25 to 29	\$3.10	\$3.20	\$3.30	\$3.40	\$3.50	\$3.60	\$3.70	\$3.80	\$3.90	\$4.00
30 to 34	\$6.20	\$6.40	\$6.60	\$6.80	\$7.00	\$7.20	\$7.40	\$7.60	\$7.80	\$8.00
35 to 39	\$9.30	\$9.60	\$9.90	\$10.20	\$10.50	\$10.80	\$11.10	\$11.40	\$11.70	\$12.00
40 to 44	\$12.40	\$12.80	\$13.20	\$13.60	\$14.00	\$14.40	\$14.80	\$15.20	\$15.60	\$16.00
45 to 49	\$15.50	\$16.00	\$16.50	\$17.00	\$17.50	\$18.00	\$18.50	\$19.00	\$19.50	\$20.00
50 to 54	\$24.80	\$25.60	\$26.40	\$27.20	\$28.00	\$28.80	\$29.60	\$30.40	\$31.20	\$32.00
55 to 59	\$49.60	\$51.20	\$52.80	\$54.40	\$56.00	\$57.60	\$59.20	\$60.80	\$62.40	\$64.00
60 to 64	\$77.50	\$80.00	\$82.50	\$85.00	\$87.50	\$90.00	\$92.50	\$95.00	\$97.50	\$100.00
65 to 69	\$151.90	\$156.80	\$161.70	\$166.60	\$171.50	\$176.40	\$181.30	\$186.20	\$191.10	\$196.00
70+	\$248.00	\$256.00	\$264.00	\$272.00	\$280.00	\$288.00	\$296.00	\$304.00	\$312.00	\$320.00

<u>Employee's Age</u>	<u>Spouse Total Coverage</u>									
	<u>\$205,000</u>	<u>\$210,000</u>	<u>\$215,000</u>	<u>\$220,000</u>	<u>\$225,000</u>	<u>\$230,000</u>	<u>\$235,000</u>	<u>\$240,000</u>	<u>\$245,000</u>	<u>\$250,000</u>
Under 25	\$4.10	\$4.20	\$4.30	\$4.40	\$4.50	\$4.60	\$4.70	\$4.80	\$4.90	\$5.00
25 to 29	\$4.10	\$4.20	\$4.30	\$4.40	\$4.50	\$4.60	\$4.70	\$4.80	\$4.90	\$5.00
30 to 34	\$8.20	\$8.40	\$8.60	\$8.80	\$9.00	\$9.20	\$9.40	\$9.60	\$9.80	\$10.00
35 to 39	\$12.30	\$12.60	\$12.90	\$13.20	\$13.50	\$13.80	\$14.10	\$14.40	\$14.70	\$15.00
40 to 44	\$16.40	\$16.80	\$17.20	\$17.60	\$18.00	\$18.40	\$18.80	\$19.20	\$19.60	\$20.00
45 to 49	\$20.50	\$21.00	\$21.50	\$22.00	\$22.50	\$23.00	\$23.50	\$24.00	\$24.50	\$25.00
50 to 54	\$32.80	\$33.60	\$34.40	\$35.20	\$36.00	\$36.80	\$37.60	\$38.40	\$39.20	\$40.00
55 to 59	\$65.60	\$67.20	\$68.80	\$70.40	\$72.00	\$73.60	\$75.20	\$76.80	\$78.40	\$80.00
60 to 64	\$102.50	\$105.00	\$107.50	\$110.00	\$112.50	\$115.00	\$117.50	\$120.00	\$122.50	\$125.00
65 to 69	\$200.90	\$205.80	\$210.70	\$215.60	\$220.50	\$225.40	\$230.30	\$235.20	\$240.10	\$245.00
70+	\$328.00	\$336.00	\$344.00	\$352.00	\$360.00	\$368.00	\$376.00	\$384.00	\$392.00	\$400.00

<u>Employee's Age</u>	<u>Spouse Total Coverage</u>									
	<u>\$255,000</u>	<u>\$260,000</u>	<u>\$265,000</u>	<u>\$270,000</u>	<u>\$275,000</u>	<u>\$280,000</u>	<u>\$285,000</u>	<u>\$290,000</u>	<u>\$295,000</u>	<u>\$300,000</u>
Under 25	\$5.10	\$5.20	\$5.30	\$5.40	\$5.50	\$5.60	\$5.70	\$5.80	\$5.90	\$6.00
25 to 29	\$5.10	\$5.20	\$5.30	\$5.40	\$5.50	\$5.60	\$5.70	\$5.80	\$5.90	\$6.00
30 to 34	\$10.20	\$10.40	\$10.60	\$10.80	\$11.00	\$11.20	\$11.40	\$11.60	\$11.80	\$12.00
35 to 39	\$15.30	\$15.60	\$15.90	\$16.20	\$16.50	\$16.80	\$17.10	\$17.40	\$17.70	\$18.00
40 to 44	\$20.40	\$20.80	\$21.20	\$21.60	\$22.00	\$22.40	\$22.80	\$23.20	\$23.60	\$24.00
45 to 49	\$25.50	\$26.00	\$26.50	\$27.00	\$27.50	\$28.00	\$28.50	\$29.00	\$29.50	\$30.00
50 to 54	\$40.80	\$41.60	\$42.40	\$43.20	\$44.00	\$44.80	\$45.60	\$46.40	\$47.20	\$48.00
55 to 59	\$81.60	\$83.20	\$84.80	\$86.40	\$88.00	\$89.60	\$91.20	\$92.80	\$94.40	\$96.00
60 to 64	\$127.50	\$130.00	\$132.50	\$135.00	\$137.50	\$140.00	\$142.50	\$145.00	\$147.50	\$150.00
65 to 69	\$249.90	\$254.80	\$259.70	\$264.60	\$269.50	\$274.40	\$279.30	\$284.20	\$289.10	\$294.00
70+	\$408.00	\$416.00	\$424.00	\$432.00	\$440.00	\$448.00	\$456.00	\$464.00	\$472.00	\$480.00



Delta Dental of Minnesota
Serving North Dakota

Delta Dental PPO™ & Delta Dental Premier®

2025 Monthly Premium Rates

Employee:	\$42.24
Employee + Spouse:	\$81.50
Employee + Child(ren):	\$94.62
Family:	\$134.74

North Dakota Public Employees Retirement System

Client #537482

Plan Benefit Highlights

Network(s)	Delta Dental PPO™	Delta Dental Premier®	Non-Participating*
Calendar Year Plan Maximum Per person	\$1,000		
Lifetime Ortho Maximum Per eligible covered person	\$1,500		
Deductible Per person per calendar year No deductible for diagnostic and preventive services or orthodontics	\$50 per person		
Eligible Dependents	Spouse Dependent children up to age 26		
Covered Services	Dental Benefit Plan Coverage		
	Delta Dental PPO™	Delta Dental Premier®	Non-Participating*
Diagnostic & Preventive Services Exams Cleanings X-rays Fluoride treatments Space Maintainers Sealants	100%	100%	100%
Basic Services Emergency treatment for relief of pain Amalgam restorations (silver fillings) Composite resin restorations (white fillings) on anterior (front) and posterior (back) teeth	80%	80%	80%
Endodontics Root canal therapy on permanent teeth Pulpotomies on primary teeth for dependent children	80%	80%	80%
Periodontics Surgical/Nonsurgical periodontics	80%	80%	80%
Oral Surgery Surgical/Nonsurgical extractions All other covered oral surgery	80%	80%	80%
Major Restorative Crowns and Crown repair	50%	50%	50%
Prosthetic Repairs and Adjustments Denture adjustments and repairs	80%	80%	80%
Prosthetics Dentures (full and partial) Bridges	50%	50%	50%
Orthodontics Treatment for the prevention/ correction of malocclusion Available for dependent children only, ages 8 and up	50%	50%	50%

This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.

*Dentists who have signed a participating network agreement with Delta Dental have agreed to accept the maximum allowable fee as payment in full. Non-participating dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying any difference to the non-participating dentists.

Vision Care Plan for North Dakota Public Employees Retirement System

Benefits through Superior National network

Frequency	
Exam	1 per calendar year
Frame	1 per calendar year
Contact lens fitting	1 per calendar year
Eyeglass lenses	1 pair per calendar year
Contact Lenses	1 allowance per calendar year



Need help? Contact 1 (800) 507-3800 or visit superiorvision.com for assistance.



Exams

Eye exam copay:
\$0



Materials¹

Materials copay:
\$35



Frames

In-network allowance:
\$100



Contact Lens Fitting Exam

Contact lens fitting copay²
(standard and specialty):
\$35

Standard Contact lens fitting:
Covered in full after copay

Specialty Contact lens fitting
In-network allowance: **\$100**



Contacts⁴ in lieu of glasses

In-network allowance:
\$100

Monthly Premiums

Employee only:	\$5.03
Employee + spouse:	\$10.06
Employee + child(ren):	\$9.16
Employee + family:	\$14.19

Lenses (per pair)	In-Network Coverage	Out-of-Network Reimbursement
Single vision	Covered-in-full	Up to \$35
Bifocal	Covered-in-full	Up to \$50
Trifocal	Covered-in-full	Up to \$70
Progressives	See description ³	Up to \$70

Shop with convenience while using your benefits through these in-network online retailers.

Lens Add-On Discounts ⁵	Your Cost
Anti-scratch coating	\$15
Ultraviolet coating	\$12
Tints - solid / gradient	\$15 / \$18
Polycarbonate lenses	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses (standard / premium / ultra / ultimate)	\$55 / \$110 / \$150 / \$225
Anti-reflective coating (standard / premium / ultra / ultimate)	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
Hi-index (1.67 / 1.75)	\$80 / \$120

Overage Discounts ⁵	Amount
Frames	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contacts	20% off amount over allowance

Non-Covered Services Discounts ⁵	Amount
Exams, frames, prescription lenses	30% off retail
Contacts, miscellaneous options	20% off retail
Disposable contact lenses	10% off retail
Retinal imaging	\$39 cost

Additional Out-of-Network Reimbursements	Amount
Eye exam (MD)	Up to \$45
Eye exam (OD)	Up to \$45
Frame	Up to \$47
Contact lens fitting (standard / specialty) ²	Not covered
Contact lenses	Up to \$100



LASIK Discounts⁵

Multiple discounts on laser vision correction procedures may be available to you. To learn more, visit superiorvision.com or contact your benefits coordinator.



Hearing Aid Discounts⁵

Through Your Hearing Network, you have access to discounts on hearing services, devices, and accessories. To learn more, visit superiorvision.com or contact your benefits coordinator.



Free Mobile App

With the free SuperiorVision app (available for Android and Apple devices), you can create an account, check your eligibility and benefits, find providers, and view your member ID card.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision Services, Inc. ("Superior Vision"), a Delaware corporation. Superior Vision is part of the MetLife family of companies. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details. Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements 1. Materials co-pay applies to lenses and frames only, not contact lenses. 2. Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses. 3. Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay 4. Contact lenses are in lieu of eyeglass lenses and frames benefit. 5. Not all providers support these discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if they offer the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all providers / all locations.

Health Care Flexible Spending Account

What is a Health Care Flexible Spending Account?

Health Care Flexible Spending Accounts (HCFSAs) allow you to set aside money from your paycheck pretax to pay for out-of-pocket health care expenses. When you pay less in taxes, you have more money in your pocket. Most people save at least 30% on each dollar set aside pretax.

Eligible expenses include medical, prescriptions, dental, vision, hearing and over-the-counter health care products for yourself, your qualifying spouse and children.

How much can I contribute to my HCFA?

The limit is set by the IRS annually, so be sure to check your employer plan for the amount you can contribute to the Health Care FSA.

How do I submit claims and get reimbursed?

As you incur expenses, you can submit a claim to be reimbursed. ASIFlex offers several easy ways to submit claims for reimbursement. You do not have to choose only one option; you can use multiple options throughout the year.

- **ASIFlex mobile app** Download the app and log in to your account. Then, just snap a picture of your insurance plan explanation of benefits (EOB) statement, or itemized statement from your provider and submit a claim via the app. It's easy and it's fast!
- **ASIFlex Online** Sign in to your online account at ASIFlex.com to submit a claim.
- **Toll-free fax or mail** Download and complete a claim form. Then, submit it with your insurance plan EOB or provider itemized statement. Keep a copy for your records.

Reimbursements will be made to you within three business days following receipt of a complete claim. Log in to your ASIFlex account to sign up for direct deposit reimbursement to a bank account of your choice.

Get your HCFA information. Instantly.

You can manage your HCFA anytime, anywhere! Register to access your [Account Detail](#) at ASIFlex.com.

- Sign up for email and text alerts
- Sign up for direct deposit reimbursements
- Access your account statement and balance
- Read secure messages sent to you from ASIFlex
- Submit claims

ASIFlex.com is an educational site as well. You can view an extensive listing of eligible expenses, read frequently asked questions, view educational videos, access claim and administrative forms, and access IRS forms and publications.

Manage your

account Register your account at ASIFlex.com to see your account statement and balance, submit claims, sign up for email, text alerts and direct deposit.

Check out over-the-counter (OTC)

products Bandages, blood pressure monitors, diabetic supplies, contact lens solution, menstrual care products, sunscreen, drugs and medicines are just a few of the eligible OTC items. Go to ASIFlex.com and click on the FSA Store link.

Get the ASIFlex app!

- Submit claims.
- Submit documentation.
- Access your balance and account statement.

Search ASIFlex Self Service and download the app today.



ASIFlex Customer Service

ASIFlex.com
asi@asiflex.com
P: 800.659.3035
F: 877.879.9038
P.O. Box 6044
Columbia, MO 65205-6044



Dependent Day Care Flexible Spending Account

What is a Dependent Day Care Flexible Spending Account?

A Dependent Day Care Flexible Spending Account (DCFSA) allows you to set aside money from your paycheck pretax to pay child day care expenses and, in some cases, elder care expenses. When you pay less in taxes, you have more money in your pocket. Most people save at least 30 percent on each dollar set aside pretax.

How much can I contribute to my DCFSA?

Your contribution limit is determined by your tax filing status.

Tax filing status	Limit
Married, filing separately	3,750
Single, head of household	\$7,500
Married, filing jointly	\$7,500

What types of expenses qualify?

Eligible expenses are those incurred while you and your spouse, if married, work or are looking for work. This can include: daycare; general purpose day camps (overnight camp is not eligible); regular babysitting; before and after school care; nursery or preschool; and pre-kindergarten expenses.

Does a DCFSA impact the tax credit on my income tax return?

You cannot claim a tax credit for amounts contributed to your DCFSA. However, you may be able to claim a tax credit for amounts, up to IRS limits, not contributed to your DCFSA.

How do I submit claims and get reimbursed?

Your funds are available as you contribute throughout the year. ASIFlex offers several easy ways to submit claims. You do not have to choose only one option; you can use multiple options throughout the year.

- **ASIFlex mobile app** Download the app and log in to your account. Then, just snap a picture of your itemized receipt and submit a claim via the app.
- **ASIFlex Online** Sign in to your online account to submit a claim.
- **Toll-free fax or mail** Download and complete a claim form. Then, submit it with your itemized receipt. Keep a copy for your records.

Reimbursements will be made to you within three business days following receipt of a complete claim, provided you have available funds in the account. Log in to your ASIFlex account to sign up for direct deposit, as well as email and text alerts.

Manage your

account Register your account at ASIFlex.com to see your account statement and balance, submit claims, sign up for email, text alerts and direct deposit.

Get the ASIFlex app!

- Submit claims.
- Submit documentation.
- Access your balance and account statement.

Search ASIFlex Self Service and download the app today.



ASIFlex Customer Service

ASIFlex.com
asi@asiflex.com
P: 800.659.3035
F: 877.879.9038
P.O. Box 6044
Columbia, MO 65205-6044



For more information, view the employer plan document or visit ASIFlex.com to obtain IRS Publication 503 Child and Dependent Care Expenses; a list of eligible expenses; and general plan information. Be sure to consult with a qualified tax advisor for questions related to your personal tax situation.

THE VILLAGE BUSINESS INSTITUTE'S EMPLOYEE ASSISTANCE PROGRAM CAN BE THE FOUNDATION OF YOUR WELLNESS PROGRAM.

- **Face-to-Face Personal Counseling:**

VBI provides face-to-face counseling to your employees and no barriers to service (Household Aggregate Model)

- **Individual Wellness Education Classes for your employees:**

- Stress Management
- Anger Management
- Parenting the Love & Logic Way
- Mindfulness
- Money Management Education
- No More Diets
- Happiness is a Verb

- **Training Hours (In person training at your location.) Examples include:**

Team Training & Development:

Effective Communication, Intergenerational Teams, Conflict Resolution

Employee Training & Development:

Serving the Difficult Customer, Overcoming Negative Attitudes

Self-Care & Wellness Training & Development:

Stress Management, Time Mastery, Work-Life Balance

Visit TheVBI.com/Training for more.



WE HAVE OUR OWN PEOPLE & WE'VE GOT YOU COVERED!

In addition to our own 23 offices, VBI also contracts with professional counselors throughout the nation so your employees can receive counseling close to home.

www.TheVBI.com

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