

**OFFICE OF THE STATE EMPLOYER
EMPLOYEE HEALTH MANAGEMENT
FY 2007-2008 LONG TERM DISABILITY INSURANCE PREMIUM RATES
Rates Per \$100 of Earnings*
(Effective October 7, 2007)**

*Benefits are subject to maximums as defined in the LTD Plan Booklet.

PLAN NAME/CODE	Status	Employee	State
	(a)	(b)	(c)
All employees except those represented by UAW			
YIA0: Less than 184 hours sick leave	Plan I	\$2.08	\$0.94
YIA1: 184-527 hours sick leave	Plan IIA	\$0.53	\$0.94
YIA2: 528 hours or more sick leave	Plan IIB	\$0.00	\$0.94
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$1.74	\$0.94
Employees represented by UAW			
YIA0: Less than 184 hours sick leave	Plan I	\$2.13	\$0.94
YIA1: 184-527 hours sick leave	Plan IIA	\$0.58	\$0.94
YIA2: 528 hours or more sick leave	Plan IIB	\$0.00	\$0.94
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$1.79	\$0.94
Calculation of Employee Contribution:			
Bi-weekly Contribution = Hourly Rate times 2088, divided by 26, divided by 100, times the Employee Rate per Plan (I, IIA, IIB, or IIC)			

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