

**OFFICE OF THE STATE EMPLOYER
EMPLOYEE HEALTH MANAGEMENT
FY 2005-2006 LONG TERM DISABILITY INSURANCE PREMIUM RATES
Rates Per \$100 of Earnings*
(Effective October 9, 2005)**

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

PLAN NAME/CODE	Status (a)	Employee (b)	State (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	-	\$ 0.94
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	-	\$ 0.94
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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