

**OFFICE OF THE STATE EMPLOYER  
EMPLOYEE HEALTH MANAGEMENT  
FY 2015-2016 LONG TERM DISABILITY INSURANCE PREMIUM RATES  
Rates Per \$100 of Earnings\*  
(EFFECTIVE OCTOBER 11, 2015)**

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

| PLAN NAME/CODE   | Status   | Employee | State  |
|--|----------|----------|--------|
|  | (a)      | (b)      | (c)    |
| <b>All employees except those represented by UAW</b>   |          |          |        |
| YIA0: Less than 184 hours sick leave   | Plan I   | \$1.56   | \$0.79 |
| YIA1: 184-527 hours sick leave   | Plan IIA | \$0.40   | \$0.79 |
| YIA2: 528 hours or more sick leave   | Plan IIB | \$0.00   | \$0.79 |
| YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave  | Plan IIC | \$1.30   | \$0.79 |
| <b>Employees represented by UAW</b>  |          |          |        |
| YIA0: Less than 184 hours sick leave   | Plan I   | \$1.59   | \$0.79 |
| YIA1: 184-527 hours sick leave   | Plan IIA | \$0.43   | \$0.79 |
| YIA2: 528 hours or more sick leave   | Plan IIB | \$0.00   | \$0.79 |
| YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave  | Plan IIC | \$1.34   | \$0.79 |
| <b>Calculation of Employee Contribution:</b>   |          |          |        |
| Bi-weekly Contribution = Hourly Rate times 2088, divided by 26, divided by 100, times the Employee Rate per Plan (I, IIA, IIB, or IIC) |          |          |        |