



The City of Providence

Employee Age as of January 1, 2019	Monthly Rate per \$1,000 of Coverage
LT 25	\$0.057
25-29	\$0.054
30-34	\$0.067
35-39	\$0.099
40-44	\$0.152
45-49	\$0.251
50-54	\$0.424
55-59	\$0.686
60-64	\$0.908
65-69	\$1.440
70-74	\$1.440
75+	\$1.440

Calculation:

1. Select desired amount of coverage.
\$ _____

2. Locate your age above and note the corresponding monthly rate.
The monthly rate per \$1,000 is \$ _____

3. Divide your selected amount of coverage by \$1,000.
\$ _____ divided by \$1,000 = _____

4. Then multiply the result by the monthly rate for your age. The answer is your monthly cost of insurance.
_____ multiplied by \$ _____ = \$ _____

Total Monthly Cost of Insurance = \$ _____