

2015

Benefit Plan Rates



Semi-Monthly 24 Paychecks*

Semi-Monthly 18 Paychecks

Medical				Medical			
	Total	ASU Pays	You Pay		Total	ASU Pays	You Pay
Employee only	223.95	191.91	32.04	Employee only	298.60	255.88	42.72
Employee + Spouse	437.45	310.44	127.01	Employee + Spouse	583.27	413.92	169.35
Employee + Child(ren)	341.39	239.09	102.30	Employee + Child(ren)	455.18	318.78	136.40
Family	544.78	409.25	135.53	Family	726.38	545.67	180.71
Dental (low)			You Pay	Dental (low)			You Pay
Employee only			14.23	Employee only			18.97
Employee + Spouse			28.57	Employee + Spouse			38.09
Employee + Child(ren)			26.85	Employee + Child(ren)			35.79
Family			42.22	Family			56.29
Dental (high)			You Pay	Dental (high)			You Pay
Employee only			20.94	Employee only			27.92
Employee + Spouse			43.76	Employee + Spouse			58.35
Employee + Child(ren)			42.06	Employee + Child(ren)			56.07
Family			65.66	Family			87.55
Vision			You Pay	Vision			You Pay
Employee only			3.95	Employee only			5.27
Employee + Spouse			7.34	Employee + Spouse			9.79
Employee + Child(ren)			7.48	Employee + Child(ren)			9.98
Family			11.34	Family			15.12
Basic Life Insurance				Basic Life Insurance			
	Total	ASU Pays	You Pay		Total	ASU Pays	You Pay
Per \$1,000 of annual salary	.12	.12	0.00	Per \$1,000 of annual salary	.16	.16	0.00
<i>Maximum Coverage 1.5 x annual salary, maximum \$50,000</i>				<i>Maximum Coverage 1.5 x annual salary, maximum \$50,000</i>			
AD&D				AD&D			
	Total	ASU Pays	You Pay		Total	ASU Pays	You Pay
Per \$1,000 of annual salary	.01	.01	0.00	Per \$1,000 of annual salary	.013	.013	0.00
<i>Maximum Coverage 1.5 x annual salary, maximum \$50,000</i>				<i>Maximum Coverage 1.5 x annual salary, maximum \$50,000</i>			
Basic Dependent Life				Basic Dependent Life			
	Total	ASU Pays	You Pay		Total	ASU Pays	You Pay
Per Covered employee	.28	.28	0.00	Per Covered Employee	.375	.375	0.00
<i>\$2,000 per eligible dependent (see HR for children under 3)</i>				<i>\$2,000 per eligible dependent (see HR for children under 3)</i>			

Please refer to your summary plan descriptions (benefit booklets) for eligibility and coverage. Please contact your Human Resource Office or insurance carrier for additional information.

Semi-Monthly 24 Paychecks

Semi-Monthly 18 Paychecks

Optional Life		You Pay	Optional Life		You Pay				
Your Current Age (Rates per \$25,000 of coverage)			Your Current Age (Rates per \$25,000 of coverage)						
less than 30		0.95	less than 30		1.27				
30 but less than 35		1.09	30 but less than 35		1.45				
35 but less than 40		1.38	35 but less than 40		1.84				
40 but less than 45		2.04	40 but less than 45		2.72				
45 but less than 50		3.27	45 but less than 50		4.35				
50 but less than 55		5.30	50 but less than 55		7.07				
55 but less than 60		8.29	55 but less than 60		11.05				
60 but less than 65		12.75	60 but less than 65		17.00				
65 and over contact HR for rates and coverage level May purchase up to 5X's your annual salary to max of \$250,000			65 and over contact HR for rates and coverage level May purchase up to 5X's times your annual salary to max of \$250,000						
Optional Spousal Life		You Pay	Optional Spousal Life		You Pay				
Based on Employees Current Age (Rates per \$5,000 of coverage)			Based on Employees Current Age (Rates per \$5,000 of coverage)						
less than 30		0.19	less than 30		0.26				
30 but less than 35		0.22	30 but less than 35		0.29				
35 but less than 40		0.28	35 but less than 40		0.37				
40 but less than 45		0.41	40 but less than 45		0.55				
45 but less than 50		0.66	45 but less than 50		0.87				
50 but less than 55		1.06	55 but less than 55		1.42				
55 but less than 60		1.66	55 but less than 60		2.21				
60 but less than 65		2.55	60 but less than 65		3.40				
Must purchase Optional Life to purchase Spousal Life			Must purchase Optional Life to purchase Spousal Life						
Optional Dependent Life		You Pay	Optional Dependent Life		You Pay				
(Covered from 6 months to age 19/25 if full time student)			(Covered from 6 months to age 19/25 if full time student)						
\$5,000		.50	\$5,000		0.67				
\$10,000		1.00	\$10,000		1.34				
Must purchase Optional Life to purchase Dependent Life Children from age 15 – 6 months are covered for \$100			Must purchase Optional Life to purchase Dependent Life Children from age 15 – 6 months are covered for \$100						
Short Term Disability (STD)**		You Pay	Short Term Disability (STD)**		You Pay				
Per \$150 of coverage – 14 day elimination			Per \$150 of coverage – 14 day elimination						
less than 30		4.80	less than 30		6.4				
30 but less than 45		5.03	30 but less than 45		6.7				
45 but less than 50		5.78	45 but less than 50		7.7				
50 but less than 55		6.90	50 but less than 55		9.2				
55 but less than 60		8.18	55 but less than 60		10.9				
60 but less than 65		9.53	60 but less than 65		12.7				
65 but less than 70		12.60	65 but less than 70		16.80				
Long Term Disability		ASU Pays	You Pay	Long Term Disability		ASU Pays	You Pay		
Per \$100 of monthly salary		.157	.157	0.00	Per \$100 of monthly salary		.21	.21	0.00
Covers maximum annual salary of \$120,000					Covers maximum annual salary of \$120,000				

*Employees paid over 20, 21 or 22 pay periods may contact Human Resources for premium amount. **You may also purchase AD&D, cancer insurance, long term care insurance, UNUM Accident Insurance, UNUM Hospital Indemnity Insurance, UNUM Critical Illness and Companion Short Term Disability with an 8 day elimination period. Contact Human Resources for information.