## 2018 Benefit Rates



## 10 Month Rates (20 Paychecks Per Year)

Medical	Total	ASU	Employee	Vision			Employee
Employee only	277.75	233.30	44.45	Employee only			4.74
Employee + Spouse	548.94	384.53	164.41	Employee + Spouse			8.81
Employee + Child(ren)	433.67	298.91	134.76	Employee + Child(ren)			8.98
Family	689.74	509.10	180.64	Family			13.61
Dental (low)			Employee	Dental (high)			<b>Employee</b>
Employee only			18.52	Employee only			27.24
Employee + Spouse			37.16	Employee + Spouse			56.93
Employee + Child(ren)			34.92	Employee + Child(ren)			54.71
Family			54.92	Family			85.41
Basic Life Insurance	Total	ASU	Employee	Basic AD&D	Total	ASU	Employee
Per \$1,000 of annual salary	.138	.138	0.00	Per \$1,000 of annual salary	.012	.012	0.00
Maximum Coverage 1.5 x annu	ıal salary, n	naximum	\$50,000	Maximum Coverage 1.5 x ann	ual salary,	maximum \$50,	000
Employee Optional Life <sup>1</sup>			Employee	Spouse Optional Life			Employee
Your Current Age (Rates per \$2	25,000 of co	verage)		Employee's Current Age (Rate	es per \$5,0	000 of coverage)	
less than 30			1.16	less than 30			0.23
30 but less than 35			1.32	30 but less than 35			0.26
35 but less than 40			1.67	35 but less than 40			0.33
40 but less than 45			2.46	40 but less than 45			0.49
45 but less than 50			3.95	45 but less than 50			0.79
50 but less than 55			6.41	50 but less than 55			1.28
55 but less than 60			10.01	55 but less than 60			2.00
60 but less than 65			15.44	60 but less than 65			3.09
65 and over contact HR for rat	es and cove		l.	Must purchase Optional Life t	to purchas	e Spouse Life.	
Basic Dependent Life	Total	ASU	Employee	Optional Child Life			Employee
Per Covered employee	.34	.34	0.00	\$5,000			0.60
(\$2,000 per eligible dependent	·)		_	\$10,000			1.20
Optional AD&D Insurance			Employee	Optional AD&D Insurance			Employee
Employee Only			0.68	Family			0.97
(Per \$25,000 of Coverage)				(Per \$25,000 Employee/\$12,5	500 Spouse	e/\$2,500 Child)	
Short Term Disability (STD) <sup>2</sup>			Employee	Short Term Disability (STD) <sup>2</sup>			<b>Employee</b>
Per \$150 of coverage – 14 day	eliminatio	n		Per \$150 of coverage – 7 day	eliminatio	on	
less than 25			4.59	less than 25			5.22
25 but less than 30			4.59	25 but less than 30			5.13
30 but less than 35			4.95	30 but less than 35			5.49
35 but less than 45			4.86	35 but less than 45			5.49
45 but less than 50			5.58	45 but less than 50			6.21
50 but less than 55			6.66	50 but less than 55			7.38
55 but less than 60			7.83	55 but less than 60			8.73
60 but less than 65			9.27	60 but less than 65			10.44
over 65			12.33	over 65			13.77
Long Term Disability – Up to							
\$120,000 of Annual Salary	Total	ASU	Employee	Other Benefits			Employee
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Per \$100 of monthly salary	.19	.19	0.00	Cancer Insurance – 3 levels or rates without riders range from	•		onthly base

¹Optional Life Insurance is limited to five times your annual salary. Rates will increase as you move to a new age tier. ²Short Term Disability is available in additional increments of \$50 to a maximum of \$600 per week, limited to 66% of your weekly salary. Rates will increase as you move to a new age tier. Please refer to your summary plan descriptions (benefit booklets) for eligibility and coverage. Additional information is available at <a href="https://www.asusystem.edu/mybenefits">www.asusystem.edu/mybenefits</a> or contact your Human Resource Office for additional information.