## 2018 Benefit Rates



## 9 Month Rates (18 Paychecks Per Year)

Medical	Total	ASU	Employee	Vision		Employee
Employee only	308.61	259.22	49.39	Employee only		5.27
Employee + Spouse	609.94	427.26	182.68	Employee + Spouse		9.79
Employee + Child(ren)	481.86	332.12	149.74	Employee + Child(ren)		9.97
Family	766.38	565.67	200.71	Family		15.12
Dental (low)			Employee	Dental (high)		Employee
Employee only			20.58	Employee only		30.27
Employee + Spouse			41.29	Employee + Spouse		63.25
Employee + Child(ren)			38.80	Employee + Child(ren)		60.78
Family			61.02	Family		94.90
Basic Life Insurance	Total	ASU	Employee	Basic AD&D	Total ASU	Employee
Per \$1,000 of annual salary	.1533	.1533	0.00	Per \$1,000 of annual salary	.013 .013	0.00
Maximum Coverage 1.5 x ann	nual salary, n	naximum	\$50,000	Maximum Coverage 1.5 x annu	al salary, maximum \$50,0	000
Employee Optional Life <sup>1</sup>			Employee	Spouse Optional Life		Employee
Your Current Age (Rates per \$	25,000 of co	verage)		Employee's Current Age (Rates	s per \$5,000 of coverage)	
less than 30			1.27	less than 30		0.26
30 but less than 35			1.47	30 but less than 35		0.29
35 but less than 40			1.85	35 but less than 40		0.37
40 but less than 45			2.73	40 but less than 45		0.55
45 but less than 50			4.38	45 but less than 50		0.88
50 but less than 55			7.07	50 but less than 55		1.42
55 but less than 60			11.12	55 but less than 60		2.22
60 but less than 65			17.15	60 but less than 65		3.43
65 and over contact HR for ra	tes and cove	rage leve	l.	Must purchase Optional Life to	purchase Spouse Life.	
Basic Dependent Life	Total	ASU	Employee	Optional Child Life		<b>Employee</b>
Per Covered employee	.37	.37	0.00	\$5,000		.67
(\$2,000 per eligible dependen	t)			\$10,000		1.34
Optional AD&D Insurance			Employee	Optional AD&D Insurance		<b>Employee</b>
Employee Only			0.75	Family		1.07
(Per \$25,000 of Coverage)				(Per \$25,000 Employee/\$12,50	00 Spouse/\$2,500 Child)	
Short Term Disability (STD) <sup>2</sup>			<b>Employee</b>	Short Term Disability (STD) <sup>2</sup>		Employee
Per \$150 of coverage - 14 da	y eliminatio	n		Per \$150 of coverage – 7 day of	elimination	
less than 25			5.10	less than 25		5.80
25 but less than 30			5.10	25 but less than 30		5.70
30 but less than 35			5.50	30 but less than 35		6.10
35 but less than 45			5.40	35 but less than 45		6.10
45 but less than 50			6.20	45 but less than 50		6.90
50 but less than 55			7.40	50 but less than 55		8.20
55 but less than 60			8.70	55 but less than 60		9.70
60 but less than 65			10.30	60 but less than 65		11.60
over 65			13.70	over 65		15.30
Long Term Disability – Up to						
\$120,000 of Annual Salary	Total	ASU	Employee	Other Benefits		Employee
	Total .21	<b>ASU</b> .21	Employee 0.00	Other Benefits  Cancer Insurance – 3 levels off rates without riders range from	-	

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.