2017 Benefit Rates



9 Month Rates (18 Paychecks Per Year)

Medical	Total	ASU	Employee	Vision			Employee
Employee only	298.60	255.88	42.72	Employee only			5.27
Employee + Spouse	583.27	413.92	169.35	Employee + Spouse			9.79
Employee + Child(ren)	455.19	318.79	136.40	Employee + Child(ren)			9.97
Family	726.37	545.67	180.71	Family			15.12
Dental (low)			Employee	Dental (high)			Employee
Employee only			19.76	Employee only			29.08
Employee + Spouse			39.66	Employee + Spouse			60.76
Employee + Child(ren)			37.28	Employee + Child(ren)			58.39
Family			58.62	Family			91.16
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 annu	al salary, n	naximum	\$50,000	Maximum Coverage 1.5 x and	nual salary,	maximum \$50	0,000
Employee Optional Life ¹			Employee	Spouse Optional Life			Employee
Your Current Age (Rates per \$2.	5,000 of co	verage)		Employee's Current Age (Ra	tes per \$5,0	000 of coverag	e)
less than 30			1.28	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 rate	s and cove	rage leve		Must purchase Optional Life	to purchas	e Spouse Life.	
Basic Dependent Life	Total	ASU	Employee	Optional Child Life	·		Employee
Per Covered employee	.37	.37	0.00	\$5,000			.67
(\$2,000 per eligible dependent)				\$10,000			1.34
Optional AD&D Insurance			Employee	Optional AD&D Insurance			Employee
Employee Only			0.75	Family			1.07
(Per \$25,000 of Coverage)				(Per \$25,000 Employee/\$12	,500 Spouse	e/\$2,500 Child)
Short Term Disability (STD) ²			Employee	Short Term Disability (STD) ²	2		Employee
Per \$150 of coverage – 14 day	eliminatio	n		Per \$150 of coverage – 7 da	y eliminati	on	
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
Per \$100 of monthly salary	.21	.21	0.00	Cancer Insurance – 3 levels or rates without riders range fr			monthly 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 www.asusystem.edu/mybenefits or contact your Human Resource Office for additional information.