2025 Benefit Rates



(24 pay periods per year)

Medical - Classic	Total	ASU	Employee	Medical - Premier	Total	ASU	Employee
Employee only	\$330.00	\$274.50		Employee only	\$341.00	\$274.50	\$66.50
Employee + Spouse	\$652.00	\$450.50	\$201.50	Employee + Spouse	\$672.00	\$450.50	\$221.50
Employee + Child(ren)	\$514.00	\$350.00	\$164.00	Employee + Child(ren)	\$531.00	\$350.00	\$181.00
Family	\$819.00	\$595.00	\$224.00	Family	\$845.50	\$595.00	\$250.50
Medical - Health Savings Plan	Total	ASU	Employee				
Employee only	\$298.50	\$274.50	\$24.00				
Employee + Spouse	\$591.00	\$450.50	\$140.50				
Employee + Child(ren)	\$466.50	\$350.00	\$116.50				
Family	\$744.00	\$595.00	\$149.00				
Dental - Low				Dental -High			Employee
Employee only				Employee only			\$23.16
Employee + Spouse				Employee + Spouse			\$48.39
Employee + Child(ren)				Employee + Child(ren)			\$46.51
Family			\$46.68	Family			\$72.61
Life/AD&D Insurance			ASU	Vision			Employee
				Employee only			\$3.95
Maximum Coverage 1.5 x annual	salary, maximu	m \$50,000	·	Employee + Spouse			\$7.34
ū	• •			Employee + Child(ren)			\$7.48
				Family			\$11.34
Employee Optional Life ¹			Employee	Spouse Optional Life			Employee
Your Current Age (Rates per \$25,000 of coverage)				Employee's Current Age (Ra	ates ner SE non a	of coverage)	
	ooo or coverage	=)	40.0=		ates per \$5,000 0	ii coverage)	40.40
less than 30			\$0.95				\$0.19
30 but less than 35				30 but less than 35			\$0.22
35 but less than 40				35 but less than 40			\$0.28
40 but less than 45			\$2.04	40 but less than 45			\$0.41
45 but less than 50			\$3.27	45 but less than 50			\$0.66
50 but less than 55			\$5.30	50 but less than 55			\$1.06
55 but less than 60			\$8.29	55 but less than 60			\$1.66
60 but less than 65			\$12.75	60 but less than 65			\$2.55
65 and over contact HR for rates	and coverage le	evel.		Must purchase Optional Lif	e to purchase Sp	ouse Life.	
Basic Dependent Life			ASII	Optional Child Life			Employee
•							
Per Covered employee			\$0.28	\$5,000			\$0.50
(\$2,000 per eligible dependent)				\$10,000			\$1.00
Optional AD&D Insurance			Employee	Optional AD&D Insurance			Employee
Employee Only			\$0.56	Family			\$0.80
(Per \$25,000 of Coverage)				(Per \$25,000 Employee/\$12	2,500 Spouse/\$2,	,500 Child)	
Short Term Disability (STD) ²			Employee	Short Term Disability (STD)) ²		Employee
Per \$150 of coverage - 14 day el	limination		Employee	Per \$150 of coverage - 7 d	ay elimination		Employee
less than 25			\$3.83	less than 25			\$4.35
25 but less than 30				25 but less than 30			\$4.28
30 but less than 35			•	30 but less than 35			\$4.58
35 but less than 45				35 but less than 45			
							\$4.58
45 but less than 50				45 but less than 50			\$5.18
50 but less than 55			•	50 but less than 55			\$6.15
55 but less than 60				55 but less than 60			\$7.28
60 but less than 65			\$7.73	60 but less than 65			\$8.70
over 65			\$10.28	over 65			\$11.48
Critical Care Insurance - Employe	ee and Child(re	n)		Spouse Critical Care Insura	nce (50% of EE c	overage)	
			Employee		(Employee
Your Current Age (Rates per \$10	,000 of coverag	ge)		Employee's Current Age			
less than 25			\$1.67	less than 25			\$2.96
25 but less than 30			\$2.02	25 but less than 30			\$3.48
30 but less than 35				30 but less than 35			\$4.16
35 but less than 40				35 but less than 40			\$5.21
40 but less than 45				40 but less than 45			\$6.71
45 but less than 50				45 but less than 50			\$8.81
50 but less than 55				50 but less than 55			\$11.51
55 but less than 60				55 but less than 60			\$15.48
60 but less than 65				60 but less than 65			\$21.56
65 but less than 70				65 but less than 70			\$31.01
70 but less than 75			\$31.02	70 but less than 75			\$46.98
75 and over			\$38.77	75 and over			\$58.61
				5 l	20.0100.000		
				Employee must purchase Critical Illness to purchase spouse coverage. Maximum not to exceed 50% of employee benefit.			
				Maximum not to exceed 50	or employee b	enent.	
	Total	ASU		Other Benefits			Employee
		0.13	0	Cancer Insurance – 3 levels	offered plus rider	s.	
	0.13			Rates without riders range	from \$8,73 to \$2	8.25	
Per \$100 of monthly salary	0.13		<u>Emplovee</u>				
Long Term Disability Per \$100 of monthly salary Accident Insurance	0.13						4= 00
Per \$100 of monthly salary	0.13			MASA - Medical Tansport S	ervices Emerge		\$7.00
Per \$100 of monthly salary Accident Insurance	0.13				ervices Emerge		\$7.00
Per \$100 of monthly salary Accident Insurance Employee only Employee + Spouse	0.13		\$4.57 \$8.29		ervices Emerge		\$7.00
Per \$100 of monthly salary Accident Insurance Employee only	0.13		\$4.57		ervices Emerge		\$7.00

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 for eligibility and Prepared by ASU System Office 10/30/2024