2019 Benefit Rates



(20 pay periods per year)

Employee + Spouse	Medical - Classic	Total	ASU		Medical - Premier	Total	ASU	Employee
Simployee + Child(ren)	Employee only	\$330.00	\$277.20	\$52.80	Employee only	\$342.00	\$277.20	\$64.80
Samily	Employee + Spouse	\$650.40	\$454.80	\$195.60	Employee + Spouse	\$672.00	\$454.80	\$217.20
Employee Samployee Sampl	Employee + Child(ren)	\$513.60	\$354.00	\$159.60	Employee + Child(ren)	\$531.60	\$354.00	\$177.60
State Stat	Family	\$817.20	\$601.20	\$216.00	Family	\$843.60	\$601.20	\$242.40
Samployee + Spouse	Dental - Low			Employee	Dental -High			Employee
Samply Sample S	Employee only			\$18.89	Employee only			\$27.79
Semanary	Employee + Spouse			\$37.91	Employee + Spouse			\$58.07
Vision	Employee + Child(ren)			\$35.63	Employee + Child(ren)			\$55.81
Per \$1,000 of annual salary \$ 0.15 Employee only Employee \$0.15 Employee \$0.25 Employee \$0	Family			\$56.02	Family			\$87.13
Employee	Life/AD&D Insurance		ASU		Vision			Employee
Employee - Child(ren)	Per \$1,000 of annual salary		\$ 0.15		Employee only			\$4.74
Family State Sta	Maximum Coverage 1.5 x annւ	ıal salary, max	imum \$50,0	000	Employee + Spouse			\$8.81
Employee Spouse Optional Life Employee					Employee + Child(ren)			\$8.98
Employee's Current Age (Rates per \$25,000 of coverage) Employee's Current Age (Rates per \$5,000 of coverage) Eless than 30 \$0.23					Family			\$13.61
less than 30	Employee Optional Life ¹			Employee	Spouse Optional Life			Employee
State Stat	Your Current Age (Rates per \$2	25,000 of cover	rage)		Employee's Current Age (Rates	s per \$5,000 of		
Stort Less than 40 Stort Stort Less than 45 Stort Less than 45 Stort Less than 45 Stort Less than 45 Stort Less than 50 Stort Less than 50 Stort Less than 55 Stort Less than 55 Stort Less than 55 Stort Less than 60 Stort Less than 60 Stort Less than 60 Stort Less than 65 Stort Less than 65 Stort Less than 65 Stort Less than 65 Stort Less than 60 Stort Less	less than 30			\$1.14	less than 30			\$0.23
40 but less than 45	30 but less than 35			\$1.31	30 but less than 35			\$0.26
Same	35 but less than 40			\$1.66	35 but less than 40			\$0.34
So but less than 55 So but less than 55 So but less than 60 So but less than 65	40 but less than 45			\$2.45	40 but less than 45			\$0.49
55 but less than 60 \$9.95 56 but less than 65 \$15.30 50 but less than 65 50 and over contact HR for rates and coverage level. 55 and over contact HR for rates and coverage level. 58 asic Dependent Life ASU Optional Child Life to purchase Spouse Life. 68 Per Covered employee \$0.34 (\$2,000 per eligible dependent) 50 but less than 25 50 but less than 25 50 but less than 30 50 but less than 35 50 but less than 45 50 but less than 55 50 but less than 55 50 but less than 60 50 but less than 65 60 but l	45 but less than 50			\$3.92	45 but less than 50			\$0.79
50 but less than 65 55 and over contact HR for rates and coverage level. 50 and over contact HR for rates and coverage level. 50 and over contact HR for rates and coverage level. 50 and over contact HR for rates and coverage level. 50 but less than 65 55 and over contact HR for rates and coverage level. 60 but less than 65 60 but less than	50 but less than 55			\$6.36	50 but less than 55			\$1.27
ASU Optional Child Life to purchase Spouse Life. Basic Dependent Life ASU Optional Child Life Spouse Life. Per Covered employee \$0.34 \$5,000 \$0.66 \$2,000 per eligible dependent) \$50.56 \$10,000 \$51.20 \$10,000 \$	55 but less than 60			\$9.95	55 but less than 60			\$1.99
Per Covered employee \$0.34 \$5,000 \$5,000 \$0.60 \$	60 but less than 65			\$15.30	60 but less than 65			\$3.06
Specific	65 and over contact HR for rate	es and coverag	ge level.		Must purchase Optional Life to	purchase Spou	ıse Life.	
\$1,000 \$1,200 \$	Basic Dependent Life		ASU		Optional Child Life			Employee
Employee Coptional AD&D Insurance Employee So.56 Family So.96	Per Covered employee		\$0.34		\$5,000		•	\$0.60
Employee Only (Per \$25,000 of Coverage) Short Term Disability (STD)² Per \$150 of coverage – 14 day elimination less than 25 25 but less than 30 30 but less than 35 35 but less than 45 45 but less than 45 45 but less than 50 50 but less than 50 45 but less than 60 45 but less than 60 45 but less than 60 45 but less than 65 46 but less than 65 47 but less than 65 48 but less than 65 49 but less than 65 50 but less than 65 5	(\$2,000 per eligible dependent)			\$10,000			\$1.20
Employee Only (Per \$25,000 of Coverage) Short Term Disability (STD)² Per \$150 of coverage – 14 day elimination less than 25 25 but less than 30 30 but less than 35 35 but less than 45 45 but less than 45 45 but less than 50 50 but less than 50 45 but less than 60 45 but less than 60 45 but less than 60 45 but less than 65 46 but less than 65 47 but less than 65 48 but less than 65 49 but less than 65 50 but less than 65 5	Optional AD&D Insurance			Employee	Optional AD&D Insurance			Employee
Company Comp				\$0.56	Family		;	\$0.96
Short Term Disability (STD) 2 Employee Short Term Disability (STD) 2 Per \$150 of coverage – 14 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of coverage – 7 day elimination Short Term Disability (STD) 2 Per \$150 of covera	(Per \$25,000 of Coverage)					00 Spouse/\$2,5	00 Child)	
Per \$150 of coverage — 14 day elimination less than 25 25 but less than 30 30 but less than 35 35 but less than 35 35 but less than 45 45 but less than 50 55 but less than 55 55 but less than 60 50 but less than 65 over 65 cover	Short Term Disability (STD) ²						,	E I
less than 25		elimination		Employee		elimination		Employee
\$4.60				\$4.60			;	\$5.22
\$4.96 \$30 but less than 35 \$4.96 \$5.50 \$5.	25 but less than 30							\$5.14
\$5.50 but less than 45 \$4.86 \$5.50 \$5.50 \$5.50 \$5.50 \$5.50 but less than 50 \$5.50 \$5.50 but less than 55 \$5.50 but less than 60 \$7.84 \$5.50 but less than 65 \$9.28 \$6.06 \$5.50 but less than 65 \$9.28 \$6.00 but less than 65 \$12.34 \$0.00 of Annual Salary Total ASU Employee Other Benefits Per \$100 of monthly salary \$0.19	30 but less than 35			•				\$5.50
45 but less than 50	35 but less than 45			\$4.86	35 but less than 45			
\$6.66 \$5.0 but less than 55 \$7.38 \$5.5 but less than 60 \$7.84 \$5.5 but less than 60 \$8.74 \$5.5 but less than 65 \$9.28 \$6.0 but less than 65 \$9.28 \$6.0 but less than 65 \$10.44 \$10.49								\$6.22
\$7.84 \$55 but less than 60 \$7.84 \$55 but less than 60 \$8.74 \$60 but less than 65 \$9.28 \$60 but less than 65 \$10.44 \$9.28 \$10.44 \$10.45	50 but less than 55							\$7.38
\$9.28 over 65 \$10.44 over 65 \$12.34 over 65 \$13.78 Long Term Disability – Up to \$120,000 of Annual Salary Total ASU Employee Other Benefits Per \$100 of monthly salary \$0.19 \$0.19 \$0.19 Cancer Insurance – 3 levels offered plus riders. Rates without riders range from \$10.48 to \$33.90	55 but less than 60			•				\$8.74
over 65 \$12.34 over 65 \$13.78 Long Term Disability – Up to \$120,000 of Annual Salary Total ASU Employee Other Benefits Per \$100 of monthly salary \$0.19 \$0.19 0 Cancer Insurance – 3 levels offered plus riders. Rates without riders range from \$10.48 to \$33.90	60 but less than 65							\$10.44
Long Term Disability – Up to \$120,000 of Annual Salary Total ASU Employee Other Benefits Per \$100 of monthly salary \$0.19 \$0.19 0 Cancer Insurance – 3 levels offered plus riders. Rates without riders range from \$10.48 to \$33.90								\$13.78
\$120,000 of Annual Salary Total ASU Employee Other Benefits Per \$100 of monthly salary \$0.19 \$0.19 0 Cancer Insurance – 3 levels offered plus riders. Rates without riders range from \$10.48 to \$33.90				,				,
Per \$100 of monthly salary \$0.19 \$0.19 0 Cancer Insurance – 3 levels offered plus riders. Rates without riders range from \$10.48 to \$33.90		Total	ASU	Employee	Other Benefits			
Rates without riders range from \$10.48 to \$33.90						ered plus riders	S.	
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	10ntional Life Insurance is li	imited to five	times very	r annual cal				or 2Short

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.

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