## **2020 Benefit Rates**



## (20 pay periods per year)

Madical Classic	Total	ASU	Employee	Modical Promise	Total	ASU	Empleyee
Medical - Classic Employee only	<b>Total</b> \$344.40	\$286.80		Medical - Premier Employee only	<b>Total</b> \$356.40	\$286.80	Employee \$69.60
Employee only Employee + Spouse	\$680.40	\$470.40		Employee + Spouse	\$703.20	\$470.40	\$232.80
Employee + Spouse Employee + Child(ren)	\$537.60	\$366.00		Employee + Child(ren)	\$554.40	\$366.00	\$188.40
Family	-		\$234.00		\$883.20	-	\$261.60
	\$855.60	\$621.60		Family	\$883.20	\$621.60	\$201.00
Medical - Health Savings	Total	ASU	Employee				
Employee only	312.00	\$286.80	25.20				
Employee + Spouse	618.00	\$470.40	147.60				
Employee + Child(ren)	488.40	\$366.00	122.40				
Family	776.40	\$621.60	154.80				r and annual
Dental - Low				Dental -High			Employee
Employee only				Employee only			\$27.79
Employee + Spouse				Employee + Spouse			\$58.07
Employee + Child(ren)				Employee + Child(ren)			\$55.81
Family		ACII	\$56.02	Family			\$87.13
Life/AD&D Insurance	_	ASU		Vision			Employee
Per \$1,000 of annual salary		\$ 0.15		Employee only			\$4.74
Maximum Coverage 1.5 x annu	ai saiary, ma	xımum \$50,	000	Employee + Spouse			\$8.81
				Employee + Child(ren)			\$8.98
5 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Family			\$13.61
Employee Optional Life <sup>1</sup>	75 000 of			Spouse Optional Life	too ĆE 000 o	c	Employee
Your Current Age (Rates per \$2	5,000 of cove	erage)		Employee's Current Age (Ra	ites per \$5,000 oj		ć0.20
less than 30			\$1.14				\$0.23
30 but less than 35				30 but less than 35			\$0.26
35 but less than 40				35 but less than 40			\$0.34
40 but less than 45				40 but less than 45			\$0.49
45 but less than 50				45 but less than 50			\$0.79
50 but less than 55				50 but less than 55			\$1.27
55 but less than 60				55 but less than 60			\$1.99
60 but less than 65			\$15.30	60 but less than 65			\$3.06
65 and over contact HR for rate	es and covera			Must purchase Optional Life	to purchase Spo	use Life.	_
Basic Dependent Life	_	ASU		Optional Child Life			Employee
Per Covered employee		\$0.34		\$5,000			\$0.60
(\$2,000 per eligible dependent,				\$10,000			\$1.20
Optional AD&D Insurance				Optional AD&D Insurance			Employee
Employee Only			\$0.56	Family			\$0.96
(Per \$25,000 of Coverage)				(Per \$25,000 Employee/\$12		500 Child)	
Short Term Disability (STD) <sup>2</sup>			Employee	Short Term Disability (STD)			Employee
Per \$150 of coverage – 14 day	elimination			Per \$150 of coverage – 7 do	y elimination		
less than 25			\$4.60				\$5.22
25 but less than 30				25 but less than 30			\$5.14
30 but less than 35				30 but less than 35			\$5.50
35 but less than 45				35 but less than 45			\$5.50
45 but less than 50				45 but less than 50			\$6.22
50 but less than 55			:	50 but less than 55			\$7.38
55 but less than 60				55 but less than 60			\$8.74
60 but less than 65				60 but less than 65			\$10.44
over 65			\$12.34	over 65			\$13.78
Long Term Disability – Up to				011 0 01			
			L BOID OVICE	TOTAL PARACIDA			
\$120,000 of Annual Salary	Total			Other Benefits	- CC 1 1 1		
	<b>Total</b> \$0.19	\$0.19	0	Cancer Insurance – 3 levels Rates without riders range f			

<sup>1</sup>Optional Life Insurance is limited to five times your annual salary. Rates will increase as you move to a new age tier.

<sup>2</sup>Short 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.

Prepared by ASU System Office 09/19/2019