## **2020 Benefit Rates**



## (24 pay periods per year)

Medical - Classic	Total	ASU	Employe <u>e</u>	Medical - Premier	Total ASU	Employee
Employee only	\$287	\$239	\$48	Employee only	\$297 \$239	
Employee + Spouse	\$567	\$392		Employee + Spouse	\$586 \$392	
Employee + Child(ren)	\$448	\$305		Employee + Child(ren)	\$462 \$305	\$15
Family	\$713	\$518	\$195	Family	\$736 \$518	\$218
Medical - Health Savings Plan	Total	ASU	Employee			
Employee only	\$260	\$239	\$21			
Employee + Spouse	\$515	\$392	\$123			
Employee + Child(ren)	\$407	\$305	\$102			
Family	\$647	\$518	\$129			
Dental - Low				Dental -High		Employee
Employee only				Employee only		\$23.10
Employee + Spouse				Employee + Spouse		\$48.3
Employee + Child(ren)				Employee + Child(ren)		\$46.5
Family				Family		\$72.6
Life/AD&D Insurance		ASU	7 10100	Vision		Employee
Per \$1,000 of annual salary		\$0.13		Employee only		\$3.9
Maximum Coverage 1.5 x annual	salarv. maximu			Employee + Spouse		\$7.3
	,,	,,		Employee + Child(ren)		\$7.4
				Family		\$11.3
Employee Optional Life <sup>1</sup>			Employee	Spouse Optional Life		Employee
Your Current Age (Rates per \$25,0	200 of coverage	2)		Employee's Current Age (Re	ates per \$5,000 of	
less than 30	ree of coverage	-,	\$0.95		acco pe. 45,000 o,	\$0.1
30 but less than 35				30 but less than 35		\$0.2
35 but less than 40			•	35 but less than 40		\$0.2
40 but less than 45				40 but less than 45		\$0.4
45 but less than 50				45 but less than 50		\$0.4
50 but less than 55				50 but less than 55		\$1.0
55 but less than 60				55 but less than 60		\$1.6
60 but less than 65				60 but less than 65		\$2.5
65 and over contact HR for rates a	and coverage k	امريدا	\$12.75	Must purchase Optional Lif	e to nurchase Spouse Life	\$2.5
Basic Dependent Life	and coverage is	ASU		Optional Child Life	e to parchase spouse Lije.	Employee
Per Covered employee		\$0.28		\$5,000		Employee \$0.5
		ŞU.26		\$10,000		1
(\$2,000 per eligible dependent)						\$1.0
Optional AD&D Insurance				Optional AD&D Insurance		Employee
Employee Only			\$0.56	Family	2 F00 (52 F00 Child)	\$0.80
(Per \$25,000 of Coverage) Short Term Disability (STD) <sup>2</sup>				(Per \$25,000 Employee/\$12 Short Term Disability (STD)		
Per \$150 of coverage – 14 day eli	iatio		Employee	Per \$150 of coverage – 7 de		Employee
less than 25	mination		\$3.83		uy emmination	\$4.3
				25 but less than 30		
25 but less than 30			•			\$4.2
30 but less than 35			•	30 but less than 35		\$4.5
35 but less than 45			•	35 but less than 45		\$4.5
45 but less than 50				45 but less than 50		\$5.1
50 but less than 55			•	50 but less than 55		\$6.1
55 but less than 60				55 but less than 60		\$7.2
60 but less than 65				60 but less than 65		\$8.7
over 65			\$10.28	over 65		\$11.4
Long Term Disability – Up to	T	ACII	F	Other Benefit		
\$120,000 of Annual Salary	Total	ASU	Employee	Other Benefits	offered plus rid	
Per \$100 of monthly salary	0.16	0.16	0	Cancer Insurance – 3 levels	•	
				Rates without riders range		
<sup>1</sup> Optional Life Insurance is limi	ted to five tim	nes your ar	nnual salary	<ul> <li>Rates will increase as year</li> </ul>	ou move to a new age tie	r. <sup>2</sup> Short

<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