2021 Benefit Rates



(18 pay periods per year)

Medical - Classic	Total	ASU	Employee	Medical - Premier	Total	ASU	Employee
Employee only	\$402.67	\$334.67		Employee only	\$416.00	\$334.67	\$81.33
Employee + Spouse	\$796.00	\$549.33		Employee + Spouse	\$820.00	\$549.33	\$270.67
Employee + Child(ren)	\$626.67	\$426.67		Employee + Child(ren)	\$646.67	\$426.67	\$220.00
Family	\$998.66	\$725.33	\$273.33		\$1,030.66	\$725.33	\$305.33
Medical - Health Savings	Total	ASU	Employee		72,000.00		Ç000.00
Employee only	364.00	334.67	29.33				
Employee + Spouse	721.33	549.33	172.00				
Employee + Child(ren)	569.34	426.67	142.67				
Family	906.66	725.33	181.33				
Dental - Low				Dental -High			Employee
Employee only				Employee only			\$30.88
Employee + Spouse				Employee + Spouse			\$64.52
Employee + Child(ren)				Employee + Child(ren)			\$62.00
Family				Family			\$96.80
Life/AD&D Insurance		ASU	, , , , , ,	Vision			Employee
Per \$1,000 of annual salary		\$0.17		Employee only			\$5.27
Maximum Coverage 1.5 x ann	ual salarv. max		000	Employee + Spouse			\$9.79
	,,			Employee + Child(ren)			\$9.97
				Family			\$15.12
Employee Optional Life ¹			Employee	Spouse Optional Life			Employee
Your Current Age (Rates per \$	25,000 of cove	rage)		Employee's Current Age (Rat	es per \$5,000 of	f	
less than 30	.,	3-7	\$1.27		,		\$0.25
30 but less than 35				30 but less than 35			\$0.29
35 but less than 40				35 but less than 40			\$0.37
40 but less than 45				40 but less than 45			\$0.55
45 but less than 50				45 but less than 50			\$0.88
50 but less than 55			•	50 but less than 55			\$1.41
55 but less than 60				55 but less than 60			\$2.21
60 but less than 65				60 but less than 65			\$3.40
65 and over contact HR for ra	tes and covera	ge level.	Ψ17.00	Must purchase Optional Life	to purchase Spo	use Life.	ψ3.10
Basic Dependent Life		ASU		Optional Child Life			Employee
Per Covered employee		\$0.37		\$5,000			\$0.67
(\$2,000 per eligible dependent	t)	φ0.07		\$10,000			\$1.33
Optional AD&D Insurance	-7		Employee	Optional AD&D Insurance			Employee
Employee Only				Family			\$1.07
(Per \$25,000 of Coverage)			JU./J	(Per \$25,000 Employee/\$12,5	500 Spouse/\$2 5	500 Child)	γ1.07
Short Term Disability (STD) ²				Short Term Disability (STD) ²	Jpouse, 42,	Joo Crina)	
Per \$150 of coverage – 14 day	v elimination		Employee	Per \$150 of coverage – 7 day	elimination		Employee
less than 25			\$5.11				\$5.80
25 but less than 30				25 but less than 30			\$5.71
30 but less than 35				30 but less than 35			\$6.11
35 but less than 45				35 but less than 45			\$6.11
45 but less than 50				45 but less than 50			\$6.91
50 but less than 55				50 but less than 55			\$8.20
55 but less than 60				55 but less than 60			\$9.71
60 but less than 65				60 but less than 65			\$11.60
over 65			\$10.51				\$15.31
Long Term Disability – Up to			1/.ددې	Ovel 03			713.31
\$120,000 of Annual Salary		ASU		Other Benefits			
Per \$100 of monthly salary		\$0.18	0	Cancer Insurance – 3 levels o	ffered plus ride	rc	
1 er 9100 or monthly saidly		70.10	U	Rates without riders range fr			
				nates without fluers range if	om \$11.04 to \$3	07.07	

Optional 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.

Prepared by ASU System Office 10/20/2020