## **2021** Benefit Rates



## (24 pay periods per year)

Medical - Classic	Total	ASU	Employee	Medical - Premier	Total	ASU	Employee
Employee only	\$302	\$251		Employee only	\$312	\$251	\$61
Employee + Spouse	\$597	\$412	\$185	Employee + Spouse	\$615	\$412	\$203
Employee + Child(ren)	\$470	\$320	\$150	Employee + Child(ren)	\$485	\$320	\$165
Family	\$749	\$544		Family	\$773	\$544	\$229
Medical - Health Savings Plan	Total	ASU	Employee				
Employee only	\$273	\$251	\$22				
Employee + Spouse	\$541	\$412	\$129				
Employee + Child(ren)	\$427	\$320	\$107				
Family	\$680	\$544	\$136				
Dental - Low	,,,,,	75		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				\$72.60
Life/AD&D Insurance		ASU	\$ 10.00	Vision			Employee
Per \$1,000 of annual salary		\$0.13		Employee only			\$3.95
Maximum Coverage 1.5 x annual sa	larv maximu			Employee + Spouse			\$7.34
waximam coverage 1.5 x aimaar sa	iary, maxima	111 930,000		Employee + Child(ren)			\$7.48
				Family			\$11.34
Employee Optional Life <sup>1</sup>			Employee	Spouse Optional Life			•
Your Current Age (Rates per \$25,00)	O of coverage	)	Lilipioyee		os nor ¢E 000 of		Employee
less than 30	J of coverage	,	\$0.95	Employee's Current Age (Rate less than 30	es per \$5,000 oj	coverage)	\$0.19
30 but less than 35				30 but less than 35			\$0.19
35 but less than 40				35 but less than 40			\$0.28
40 but less than 45			•	40 but less than 45			\$0.41
45 but less than 50				45 but less than 50			\$0.66
50 but less than 55			•	50 but less than 55			\$1.06
55 but less than 60				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 an	d coverage le			Must purchase Optional Life t	o purcnase Spo	use Lije.	
Basic Dependent Life		ASU		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			<b>Employee</b>
Employee Only			\$0.56	Family			\$0.80
(Per \$25,000 of Coverage)				(Per \$25,000 Employee/\$12,5	500 Spouse/\$2,5	00 Child)	
Short Term Disability (STD) <sup>2</sup>			Employee	Short Term Disability (STD) <sup>2</sup>			Employee
Per \$150 of coverage – 14 day elimi	nation		Employee	Per \$150 of coverage – 7 day	elimination		Lilipioyee
less than 25			\$3.83	less than 25			\$4.35
25 but less than 30			\$3.83	25 but less than 30			\$4.28
30 but less than 35			\$4.13	30 but less than 35			\$4.58
35 but less than 45			\$4.09	35 but less than 45			\$4.58
45 but less than 50			\$4.65	45 but less than 50			\$5.18
50 but less than 55			\$5.55	50 but less than 55			\$6.15
55 but less than 60			\$6.53	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
Long Term Disability – Up to							
\$120,000 of Annual Salary	Total	ASU	Employee	Other Benefits			
Per \$100 of monthly salary	0.13	0.13		Cancer Insurance – 3 levels of	ffered plus ride	rs.	
<b>'</b>				Rates without riders range from	•		
<sup>1</sup> Optional Life Insurance is limite	d to five tim	es vour ar	nual salarv				<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 10/20/2020