## **2023 Benefit Rates**



## (24 pay periods per year)

Medical - Classic	Total	ASU		Medical - Premier	Total	ASU	Employee
Employee only	\$314.00	\$261.00		Employee only	\$324.00	\$261.00	\$63.00
Employee + Spouse	\$620.50	\$428.00		Employee + Spouse	\$639.00	\$428.00	\$211.00
Employee + Child(ren)	\$489.00	\$333.00		Employee + Child(ren)	\$505.00	\$333.00	\$172.00
Family	\$779.50	\$566.50	\$213.00	Family	\$804.50	\$566.50	\$238.00
Medical - Health Savings Plan	Total	ASU	Employee				
Employee only	284.00	261.00	23.00				
Employee + Spouse	562.00	428.00	134.00				
Employee + Child(ren)	444.00	333.00	111.00				
Family	708.00	566.50	141.50				
Dental - Low				Dental -High			Employee
Employee only				Employee only			\$23.16
Employee + Spouse				Employee + Spouse			\$48.39
Employee + Child(ren)			\$29.68	Employee + Child(ren)			\$46.51
Family			\$46.68	Family			\$72.61
Life/AD&D Insurance		ASU		Vision			<b>Employee</b>
Per \$1,000 of annual salary		\$0.12		Employee only			\$3.95
Maximum Coverage 1.5 x annual so	alary, maximu	m \$50,000		Employee + Spouse			\$7.34
				Employee + Child(ren)			\$7.48
				Family			\$11.34
Employee Optional Life <sup>1</sup>			Employee	Spouse Optional Life			Employee
Your Current Age (Rates per \$25,00	00 of coverage	·)		Employee's Current Age (Rates	s per \$5,000 o	of	
less than 30	_		\$0.95	less than 30		-	\$0.19
30 but less than 35			\$1.09	30 but less than 35			\$0.22
35 but less than 40			\$1.38	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				60 but less than 65			\$2.55
65 and over contact HR for rates ar	nd coverage le	vel.	Ψ12.73	Must purchase Optional Life to	nurchase Sno	ouse Life.	Ψ2.33
Basic Dependent Life	ia coverage ie	ASU		Optional Child Life	paremase spe	oude Eiger	Employee
Per Covered employee		\$0.28		\$5,000			\$0.50
(\$2,000 per eligible dependent)		Q0.20		\$10,000			\$1.00
			Familiana				
Optional AD&D Insurance				Optional AD&D Insurance			Employee
Employee Only			\$0.56	Family	0 0	E00 CF:14)	\$0.80
(Per \$25,000 of Coverage)				(Per \$25,000 Employee/\$12,50	io spouse/\$2,	500 Chila)	
Short Term Disability (STD) <sup>2</sup>			Employee	Short Term Disability (STD) <sup>2</sup>			<b>Employee</b>
Per \$150 of coverage – 14 day elim	lination		42.00	Per \$150 of coverage – 7 day 6	elimination		44.05
less than 25			\$3.83				\$4.35
25 but less than 30				25 but less than 30			\$4.28
30 but less than 35				30 but less than 35			\$4.58
35 but less than 45				35 but less than 45			\$4.58
45 but less than 50				45 but less than 50			\$5.18
50 but less than 55				50 but less than 55			\$6.15
55 but less than 60				55 but less than 60			\$7.28
60 but less than 65				60 but less than 65			\$8.70
over 65			\$10.28	over 65			\$11.48
Long Term Disability – Up to							Employee
\$120,000 of Annual Salary	Total		Employee	Other Benefits			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Per \$100 of monthly salary	0.13	0.13	0	Cancer Insurance – 3 levels off	•		
				Rates without riders range from	m \$8.73 to \$2	8.25	
				MASA - Medical Tansport Serv	ices Emerge	ent Plus	\$7.00
<sup>1</sup> Optional Life Insurance is limite	ed to five tim	es vour ar	nual salarv	Rates will increase as you	move to a ne	ew age tier	. <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 10/05/2022