

2020-2021 Per Pay Period Premium Medical, Prescription, Behavioral Health



Full-Time Active Employees

Plan	Tier	EMPLOYER Premium Per Pay Period	EMPLOYEE Premium Per Pay Period ¹
Cigna HMO	Employee	330.13	42.40
	Employee + Spouse	640.81	84.28
	Employee + Child(ren)	529.12	66.45
	Employee + Family	832.00	116.46
UnitedHealthcare PPO	Employee	335.09	54.85
	Employee + Spouse	637.70	122.70
	Employee + Child(ren)	522.99	101.32
	Employee + Family	823.52	171.62
Cigna and UnitedHealthcare HDHP with HSA	Employee	329.50	34.17
	Employee + Spouse	660.90	46.18
	Employee + Child(ren)	540.15	40.77
	Employee + Family	862.42	62.27

* Employees who earn the Be Well Wellness Incentive will receive a \$30.00 credit toward their medical premium per pay period.

Part-Time Active Employees²

Plan	Tier	EMPLOYER Premium Per Pay Period	EMPLOYEE Premium Per Pay Period *
Cigna HMO	Employee	165.07	207.46
	Employee + Spouse	320.41	404.68
	Employee + Child(ren)	264.56	331.01
	Employee + Family	416.00	532.46
UnitedHealthcare PPO	Employee	167.55	222.39
	Employee + Spouse	318.85	441.55
	Employee + Child(ren)	261.50	362.81
	Employee + Family	411.76	583.38
Cigna and UnitedHealthcare HDHP with HSA	Employee	164.75	198.92
	Employee + Spouse	330.46	376.62
	Employee + Child(ren)	270.08	310.84
	Employee + Family	431.22	493.47

1. Employees who earn the Be Well Wellness Incentive will receive a \$30.00 credit toward their medical premium per pay period.

2. Part-time hours are 20 to 29.99 per week.

2020-2021 Per Pay Period Premium Vision and Dental



Vision

Plan	Tier	Part-Time Active EMPLOYER Premium Per Pay Period	Part-Time Active EMPLOYEE Premium Per Pay Period	Full-Time Active EMPLOYER Premium Per Pay Period	Full-Time Active EMPLOYEE Premium Per Pay Period
EyeMed	Employee	1.37	2.03	2.74	0.66
	Employee + Spouse	2.53	3.98	5.06	1.45
	Employee + Child(ren)	2.75	3.84	5.50	1.09
	Employee + Family	3.98	5.93	7.96	1.95

Dental

Plan	Tier	Part-Time Active EMPLOYER Premium Per Pay Period	Part-Time Active EMPLOYEE Premium Per Pay Period	Full-Time Active EMPLOYER Premium Per Pay Period	Full-Time Active EMPLOYEE Premium Per Pay Period
Cigna Prepaid (DHMO)	Employee	1.13	3.50	2.26	2.37
	Employee + Spouse	1.68	6.15	3.36	4.47
	Employee + Child(ren)	2.51	8.33	5.02	5.82
	Employee + Family	3.04	9.72	6.07	6.69
Cigna (PPO)	Employee	5.17	13.96	10.33	8.80
	Employee + Spouse	11.38	30.74	22.76	19.36
	Employee + Child(ren)	12.30	33.26	24.60	20.96
	Employee + Family	15.77	42.72	31.54	26.95
Delta (PPO)	Employee	4.91	17.10	9.82	12.19
	Employee + Spouse	10.83	37.67	21.65	26.85
	Employee + Child(ren)	11.70	40.77	23.39	29.08
	Employee + Family	15.00	52.47	30.00	37.47

2020-2021 Per Pay Period Premium Life Insurance



	Rate/ \$1,000 Coverage
Additional Accidental Death and Dismemberment - Employee	0.0100
Additional Accidental Death and Dismemberment - Family	0.0175
Dependent Child Life (can elect in increments of \$5,000 up to \$20,000)	0.0500

Additional Employee and Spouse Life (Spouse coverage may be elected in \$10,000 increments up to a maximum of \$100,000 and cannot exceed an employee's total life insurance amount.)	Non-Tobacco User	Tobacco User
Age Bands		
Under 25	0.0145	0.0235
25-29	0.0175	0.0255
30-34	0.0230	0.0290
35-39	0.0255	0.0495
40-44	0.0335	0.0705
45-49	0.0545	0.1400
50-54	0.0835	0.2580
55-59	0.1420	0.2630
60-64	0.2400	0.4075
65-69	0.3460	0.4985
70 and older	0.6405	0.8190

Formula to Estimate Additional Life Insurance Premium

$$\frac{\text{Rate}}{\text{Coverage Amount}} \times \frac{\text{Coverage Amount}}{1,000} = \text{Per Pay Period Premium}$$

Example: Employee Additional Life 3x | Age 36 | Non-Tobacco User | Annual Base Salary = \$45,900

$$\frac{.0255}{\text{Rate}} \times \frac{\$138,000}{\text{Coverage Amount}} \div \frac{1,000}{\text{Per Pay Period Premium}} = \$3.52$$

(For Employee - Annual Base Salary rounded to the nearest \$1,000 multiplied by 1-5x)

2020-2021 Per Pay Period Premium Other Benefits



Short-Term Disability

Short-Term Disability Coverage - Employee Only	Multiplier x Annual Base Salary / 24 Pay Periods
40%	0.0018
50%	0.0029
60%	0.0055

Short-Term Disability Examples:

Comparison of Short-Term Disability Premium at Various Salary Levels			
Annual Base Salary	Per Pay Period Premium Short-Term 60%	Per Pay Period Premium Short-Term 50%	Per Pay Period Premium Short-Term 40%
25,106	5.75	3.03	1.88
40,503	9.28	4.89	3.04
50,336	11.54	6.08	3.78
61,922	14.19	7.48	4.64
73,923	16.94	8.93	5.54
115,981	26.58	14.01	8.70

MetLife Legal Plan

Other Services	Employee Premium Per Pay Period
MetLife Legal	7.87