

2020 Rates



Health Insurance

Anthem Blue Cross and Blue Shield

ADMINISTRATOR

(ANNUAL COST DIVIDED BY
12 PAY PERIODS)

FACULTY

(ANNUAL COST DIVIDED BY
10 PAY PERIODS)

	Monthly Total Cost	Your Monthly Cost	Monthly Total Cost	Your Monthly Cost
BlueAdvantage Point of Service Plan (HMO/POS), and Prime Blue Priority PPO Plan				
Employee Only	\$697.00	\$191.00	\$836.40	\$230.00
Employee + Spouse	\$1,671.00	\$459.00	\$2,005.20	\$550.00
Employee + Child(ren)	\$1,533.00	\$421.00	\$1,839.60	\$505.00
Employee + Family	\$1,922.00	\$528.00	\$2,306.40	\$633.00
Blue Priority HMO Plan				
Employee Only	\$641.00	\$176.00	\$769.20	\$211.00
Employee + Spouse	\$1,538.00	\$422.00	\$1,845.60	\$506.00
Employee + Child(ren)	\$1,411.00	\$387.00	\$1,693.20	\$464.00
Employee + Family	\$1,770.00	\$486.00	\$2,124.00	\$583.00
2500 HDHP Plan				
Employee Only	\$537.00	\$147.00	\$644.40	\$176.00
Employee + Spouse	\$1,286.00	\$353.00	\$1,543.20	\$423.00
Employee + Child(ren)	\$1,180.00	\$323.00	\$1,416.00	\$388.00
Employee + Family	\$1,480.00	\$406.00	\$1,776.00	\$487.00



Dental Insurance

Anthem Blue Cross and Blue Shield

ADMINISTRATOR

(ANNUAL COST DIVIDED BY
12 PAY PERIODS)

FACULTY

(ANNUAL COST DIVIDED BY
10 PAY PERIODS)

	Monthly Total Cost	Your Monthly Cost	Monthly Total Cost	Your Monthly Cost
Anthem Dental Essential Choice PPO				
Employee Only	\$38.95	\$11.69	\$46.74	\$14.02
Employee + Spouse	\$88.09	\$26.43	\$105.71	\$31.71
Employee + Child(ren)	\$84.39	\$25.32	\$101.27	\$30.38
Employee + Family	\$101.08	\$30.32	\$121.30	\$36.39



Vision Insurance

Anthem Blue Cross and Blue Shield

ADMINISTRATOR

(ANNUAL COST DIVIDED BY
12 PAY PERIODS)

FACULTY

(ANNUAL COST DIVIDED BY
10 PAY PERIODS)

	Monthly Total Cost	Your Monthly Cost	Monthly Total Cost	Your Monthly Cost
Blue View Voluntary Vision Plan				
Employee Only	\$8.68	\$8.68	\$10.42	\$10.42
Employee + Spouse	\$16.26	\$16.26	\$19.51	\$19.51
Employee + Child(ren)	\$16.26	\$16.26	\$19.51	\$19.51
Employee + Family	\$23.62	\$23.62	\$28.34	\$28.34



Basic Term Life Insurance (Life and AD&D)

Anthem Life (premiums per \$10,000 of coverage)

Active Employees

\$0.28/\$1,000

\$0.00



Group Long Term Disability

Sun Life

Active Employees

\$0.240/\$100

\$0.00

Paid to a maximum salary of \$10,500 per month



Flexible Benefit Plan Administrative Fee

24HourFlex

One or Both Spending Accounts

\$3.75

\$0.00



Voluntary Term Life Insurance (Employee and/or Spouse)

Sun Life (per \$1,000 of coverage)

Attained Age

Uni- Smoker

<25

\$0.039

25-29

\$0.042

30-34

\$0.053

35-39

\$0.063

40-44

\$0.076

45-49

\$0.135

50-54

\$0.213

55-59

\$0.388

60-64

\$0.524

65-69

\$0.912

70-74

\$1.463

75-79

\$2.888

80-84

\$4.168

85-99

\$7.325

Child Term Life (per \$5,000 up **\$0.90 per \$5,000 per month**)



Voluntary Critical Illness Insurance (Employee and/or Spouse)

Sun Life (per \$1,000 of coverage)

Attained Age

Uni- Smoker

<25

\$0.034

25-29

\$0.039

30-34

\$0.510

35-39

\$0.710

40-44

\$1.090

45-49

\$1.610

50-54

\$2.310

55-59

\$3.230

60-64

\$4.000

65-69

\$4.630

70-74

\$5.940

75+

\$8.110

Child Benefit **\$0.200**



Accident Insurance

Sun Life

Employee Only

\$5.60

Employee + Spouse

\$9.29

Employee + Child(ren)

\$10.20

Employee + Family

\$13.89



Accidental Death & Dismemberment

Sun Life (per \$1,000 of coverage)

Employee Only

\$0.020

Employee & Family

\$0.029

