

# 2021 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
<b>BlueAdvantage Point of Service Plan (HMO/POS), and Prime Blue Priority PPO Plan</b>				
Employee Only	\$676.00	<b>\$186.00</b>	\$811.20	<b>\$223.00</b>
Employee + Spouse	\$1,621.00	<b>\$446.00</b>	\$1,945.20	<b>\$535.00</b>
Employee + Child(ren)	\$1,487.00	<b>\$409.00</b>	\$1,784.40	<b>\$491.00</b>
Employee + Family	\$1,864.00	<b>\$513.00</b>	\$2,236.80	<b>\$615.00</b>
<b>Blue Priority HMO Plan</b>				
Employee Only	\$622.00	<b>\$171.00</b>	\$746.40	<b>\$206.00</b>
Employee + Spouse	\$1,492.00	<b>\$410.00</b>	\$1,790.40	<b>\$492.00</b>
Employee + Child(ren)	\$1,369.00	<b>\$376.00</b>	\$1,642.80	<b>\$452.00</b>
Employee + Family	\$1,717.00	<b>\$472.00</b>	\$2,060.40	<b>\$566.00</b>
<b>2500 HDHP Plan</b>				
Employee Only	\$521.00	<b>\$143.00</b>	\$625.20	<b>\$172.00</b>
Employee + Spouse	\$1,247.00	<b>\$343.00</b>	\$1,496.40	<b>\$412.00</b>
Employee + Child(ren)	\$1,145.00	<b>\$314.00</b>	\$1,374.00	<b>\$378.00</b>
Employee + Family	\$1,436.00	<b>\$394.00</b>	\$1,723.20	<b>\$474.00</b>



## 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
<b>Anthem Dental Essential Choice PPO</b>				
Employee Only	\$38.95	<b>\$11.69</b>	\$46.74	<b>\$14.02</b>
Employee + Spouse	\$88.09	<b>\$26.43</b>	\$105.71	<b>\$31.71</b>
Employee + Child(ren)	\$84.39	<b>\$25.32</b>	\$101.27	<b>\$30.38</b>
Employee + Family	\$101.08	<b>\$30.32</b>	\$121.30	<b>\$36.39</b>



## 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
<b>Blue View Voluntary Vision Plan</b>				
Employee Only	\$8.42	<b>\$8.42</b>	\$8.42	<b>\$8.42</b>
Employee + Spouse	\$15.77	<b>\$15.77</b>	\$15.77	<b>\$15.77</b>
Employee + Child(ren)	\$15.77	<b>\$15.77</b>	\$15.77	<b>\$15.77</b>
Employee + Family	\$22.91	<b>\$22.91</b>	\$22.91	<b>\$22.91</b>



## 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 to \$25,000 per child)

\$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

