City of Albuquerque Biweekly Insurance Rates FY2011 July 1, 2013 - June 30, 2014

Medical Insurance Employee pays 20% City pays 80%

Presbyterian My Care Health Plan			
	Employee*	City	Total
Single	38.78	155.13	193.91
Couple	78.91	315.66	394.57
S/Parent	62.29	249.18	311.47
Family	113.87	455.50	569.37

Vision Insurance Employee pays 20% City pays 80%

VSP			
	Employee*	City	Total
Single	0.44	1.76	2.20
Couple	0.88	3.52	4.40
S/Parent Family	0.94	3.77	4.71
Family	1.53	6.13	7.66

Short-Term Disability Insurance Employee Paid

Short-Term Disability insurance Employee Faid				
Hartford	Weekly Benefit = 60% base salary			
Age	Rate per \$10 of Weekly Benefit			
	Monthly Rate B	Monthly Rate BW Rate*		
<25	0.564	0.2603		
25-29	0.480	0.2215		
30-34	0.526	0.2428		
35-39	0.421	0.1943		
40-44	0.401	0.1851		
45-49	0.449	0.2072		
50-54	0.563	0.2598		
55-59	0.672	0.3102		
60-64	0.781	0.3605		
65+	0.859	0.3965		

Long-Term Disability Insurance Employee Paid

Hartford	Monthly Benefi	Monthly Benefit = 60% base salary		
Age	Rate per \$100	Rate per \$100 of BW Salary		
	Monthly Rate B	Monthly Rate BW Rate*		
<30	0.218	0.1006		
30-39	0.338	0.1560		
40-44	0.446	0.2058		
45-49	0.641	0.2958		
50-54	0.835	0.3854		
55-59	0.997	0.4602		
60+	1.030	0.4754		

^{*} Biweekly = monthly times 12 divided by 26

Dental Insurance Employee pays 20% City pays 80%

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Delta Dental			
	Employee*	City	Total
Single	2.71	10.83	13.54
Couple	5.47	21.90	27.37
S/Parent	6.01	24.06	30.07
Family	8.14	32.57	40.71

Legal Insurance Employee Paid

Arag Legal	Employee*	
Single	8.63	
Employee +1	10.75	
Family	11.03	

Basic Life and AD&D

Hartford (100% Paid by City \$.315 per \$1,000)		
Amount of coverage is 140% of gross annual salary		
Minimum	Maximum	
\$25,000	\$50,000	

Voluntary Term Life Employee Paid

Voluntary Term Life Employee Paid			
Hartford Biweekly Rates Per \$1,000			
Age	Smoker	Non Smoker	
<30	0.0328	0.0102	
30-34	0.0434	0.0162	
35-39	0.0766	0.0328	
40-44	0.1103	0.0545	
45-49	0.2142	0.1154	
50-54	0.3268	0.1763	
55-59	0.4809	0.2594	
60-64	0.6134	0.3369	
65-69	0.9115	0.5082	
70-74	1.7460	0.9669	
75+	2.7175	1.5078	
*Spouse age limit is	75		
Hartford Dependent Child Term Life			
Coverage	Rate		
\$2,500	0.240		
\$5,000	0.480		
\$7,500	0.720		
\$10,000	0.960		

Flexible Spending Account

BASIC (medical,	dependent care, parking or
transit fee)	\$3.75 City Paid Monthly