

City of Albuquerque

Fiscal Year 2015 Biweekly Rates

Medical Insurance - Employee pays 20% City pays 80%			
Presbyterian My Care Health Plan			
	Employee*	City	Total
Single	39.58	158.32	197.90
Couple	80.53	322.12	402.65
S/Parent	63.58	254.30	317.88
Family	116.22	464.88	581.10

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	0.94	3.77	4.71
Family	1.53	6.13	7.66

Short-Term Disability Insurance - Employee Paid			
Hartford - Weekly Benefit = 60% base salary			
Age	Rate per \$10 of Weekly Benefit		BW Rate*
	Monthly 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 Benefit = 60% base salary			
Age	Rate per \$100 of BW Salary		BW Rate*
	Monthly 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%			
Delta Dental			
	Employee*	City	Total
Single	2.84	11.34	14.18
Couple	5.73	22.94	28.67
S/Parent	6.30	25.20	31.50
Family	8.53	34.11	42.64

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		
Hartford Biweekly Rates Per \$1,000		
Age	Smoker	Non Smoker
<30	0.0443	0.0215
30-34	0.0550	0.0275
35-39	0.0882	0.0443
40-44	0.1218	0.0658
45-49	0.2258	0.1271
50-54	0.3381	0.1880
55-59	0.4925	0.2709
60-64	0.6248	0.3486
65-69	0.9230	0.5198
70-74	1.7577	0.9786
75+	2.7290	1.5194

*Spouse age limit is 75

Hartford Dependent Child Term Life	
Coverage	Rate
\$2,500	0.24
\$5,000	0.48
\$7,500	0.72
\$10,000	0.96

Flexible Spending Account	
BASIC (medical, dependent care, parking or transit fee)	
	\$4.30
	City Paid Monthly