

City of Albuquerque

Biweekly Insurance Rates FY2027

July 1, 2026 - June 30, 2027

Medical Insurance		Employee pays 20% City pays 80%	
Blue Cross Blue Shield/UnitedHealthcare			
	Employee*	City	Total
Single	63.59	254.35	317.94
Couple	129.38	517.52	646.90
S/Parent	102.14	408.58	510.72
Family	186.72	746.90	933.62
Gym Plan Add-On	2.31	1.90	4.21

Vision Insurance		Employee pays 20% City pays 80%	
Davis Vision			
	Employee*	City	Total
Single	0.38	1.52	1.90
Couple	0.76	3.04	3.80
S/Parent	0.81	3.25	4.06
Family	1.32	5.29	6.61

Short-Term Disability Insurance		Employee Paid	
Mutual of Omaha	Weekly Benefit = 60% base salary		
	Rate per \$10 of Weekly Benefit		
	All Ages - BW Rate		
	0.1482		

Long-Term Disability Insurance		Employee Paid	
Mutual of Omaha	Monthly Benefit = 60% base salary		
	Rate per \$100 of BW Salary		
Age	BW Rate*		
<30	0.1006		
30-39	0.1560		
40-44	0.2058		
45-49	0.2958		
50-54	0.3854		
55-59	0.4597		
60+	0.4754		

Accident Insurance		Employee Paid	
The Hartford	BW Rates*		
Single	2.85		
Couple	4.48		
S/Parent	4.86		
Family	7.60		

Critical Illness Insurance		Employee Paid	
Benefit Amount	\$15,000	\$30,000	
Single	7.39	14.46	
Couple	11.43	22.21	
S/Parent	8.35	16.12	
Family	12.55	24.15	

Flexible Spending Account	
P&A (medical, dependent care, parking or transit fee)	
\$2.45	City Paid Monthly Flex and Debit Card

Dental Insurance		Employee pays 20% City pays 80%	
Blue Cross Blue Shield Dental			
	Employee*	City	Total
Single	2.89	11.56	14.45
Couple	5.84	23.38	29.22
S/Parent	6.42	25.68	32.10
Family	8.69	34.76	43.45

Delta Dental			
	Employee*	City	Total
Single	3.18	12.71	15.89
Couple	6.43	25.71	32.14
S/Parent	7.06	28.25	35.31
Family	9.56	38.24	47.80

Legal Insurance		Employee Paid	
ARAG Legal	Employee*		
Single	7.92		
Employee +1	9.87		
Family	10.13		

Basic Life and AD&D	
Mutual of Omaha (100% Paid by the City equal to 140% of gross annual salary up to a maximum of \$50,000).	
Minimum	Maximum
\$25,000	\$50,000

Voluntary Term Life		Employee Paid	
Mutual of Omaha	Biweekly Rates Per \$1,000		
Age	Smoker	Non Smoker	
<30	0.0494	0.0212	
30-34	0.0632	0.0291	
35-39	0.1048	0.0498	
40-44	0.1472	0.0771	
45-49	0.2769	0.1532	
50-54	0.4182	0.2298	
55-59	0.6115	0.3337	
60-64	0.7777	0.4311	
65-69	1.1511	0.6452	
70-74	2.1974	1.2198	
75+	3.4117	1.8988	

Mutual of Omaha Dependent Child Term Life	
Coverage	BW Rate
\$2,500	0.28
\$5,000	0.55
\$7,500	0.83
\$10,000	1.10

* Biweekly = monthly times 12 divided by 26