

# City of Albuquerque

## Biweekly Insurance Rates FY2021

### July 1, 2020 - June 30, 2021

Medical Insurance		Employee pays 20% City pays 80%	
Presbyterian My Care Health Plan			
	Employee*	City	Total
Single	48.95	195.79	244.74
Couple	99.59	398.38	497.97
S/Parent	78.63	314.51	393.14
Family	143.74	574.94	718.68

Dental Insurance		Employee pays 20% City pays 80%	
Delta Dental			
	Employee*	City	Total
Single	2.92	11.68	14.60
Couple	5.91	23.62	29.53
S/Parent	6.49	25.95	32.44
Family	8.78	35.14	43.92

Vision Insurance		Employee pays 20% City pays 80%	
Davis Vision			
	Employee*	City	Total
Single	0.44	1.74	2.18
Couple	0.87	3.50	4.37
S/Parent	0.93	3.74	4.67
Family	1.52	6.08	7.60

Legal Insurance		Employee Paid	
ARAG Legal		Employee*	
Single		8.63	
Employee +1		10.75	
Family		11.03	

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		

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

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		

Voluntary Term Life		Employee Paid	
Mutual of Omaha	Biweekly Rates Per \$1,000		
Age	Smoker	Non Smoker	
<30	0.0397	0.0171	
30-34	0.0503	0.0231	
35-39	0.0835	0.0397	
40-44	0.1172	0.0614	
45-49	0.2211	0.1223	
50-54	0.3337	0.1832	
55-59	0.4878	0.2663	
60-64	0.6203	0.3438	
65-69	0.9185	0.5151	
70-74	1.7529	0.9729	
75+	2.7217	1.5143	

Accident Insurance		Employee Paid	
The Hartford	BW Rates*		
Single	3.78		
Couple	5.95		
S/Parent	6.45		
Family	10.09		

Mutual of Omaha Dependent Child Term Life	
Coverage	BW Rate
\$2,500	0.24
\$5,000	0.48
\$7,500	0.72
\$10,000	0.96

Critical Illness Insurance		Employee Paid	
Benefit Amount	\$15,000	\$30,000	
Single	11.46	22.38	
Couple	16.89	32.74	
S/Parent	12.57	24.27	
Family	18.18	34.93	

Flexible Spending Account	
BASIC (medical, dependent care, parking or transit fee)	
\$4.30	City Paid Monthly Flex and Debit Card
\$3.25	City Paid Monthly Parking Transit

\* Biweekly = monthly times 12 divided by 26