

City of Albuquerque

Biweekly Insurance Rates FY2025

July 1, 2024 - June 30, 2025

| Medical Insurance | Employee pays 20% City pays 80% | | |
|---|---------------------------------|--------|--------|
| Blue Cross Blue Shield/UnitedHealthcare | | | |
| | Employee* | City | Total |
| Single | 57.99 | 231.97 | 289.96 |
| Couple | 117.99 | 471.98 | 589.97 |
| S/Parent | 93.16 | 372.62 | 465.78 |
| Family | 170.29 | 681.17 | 851.46 |

| 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 |

| 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 |

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

| 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 | 0.0494 | 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 |

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

| 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 |

| 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) | |
| \$2.65 | City Paid Monthly Flex and Debit Card |

* Biweekly = monthly times 12 divided by 26