

City of Albuquerque

Biweekly Insurance Rates FY2022

July 1, 2021 - June 30, 2022

Medical Insurance		Employee pays 20% City pays 80%	
Presbyterian My Care Health Plan			
	Employee*	City	Total
Single	50.66	202.65	253.31
Couple	103.08	412.32	515.40
S/Parent	81.38	325.52	406.90
Family	148.77	595.06	743.83

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

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	3.78	
Couple	5.95	
S/Parent	6.45	
Family	10.09	

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

Dental Insurance		Employee pays 20% City pays 80%	
Delta Dental			
	Employee*	City	Total
Single	2.98	11.91	14.89
Couple	6.02	24.10	30.12
S/Parent	6.62	26.47	33.09
Family	8.96	35.84	44.80

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

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	0.0397	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	

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

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