

Town of Cochiti Lake

Biweekly Insurance Rates FY2021

July 1, 2020 - June 30, 2021

Medical Insurance		Employee pays 40% ER pays 60%	
Presbyterian My Care Health Plan			
	Employee*	Town	Total
Single	97.90	146.84	244.74
Couple	199.19	298.78	497.97
S/Parent	157.26	235.88	393.14
Family	287.47	431.21	718.68

Dental Insurance		Employee pays 40% ER pays 60%	
Delta Dental			
	Employee*	Town	Total
Single	5.84	8.76	14.60
Couple	11.81	17.72	29.53
S/Parent	12.98	19.46	32.44
Family	17.57	26.35	43.92

Vision Insurance		Employee pays 40% ER pays 60%	
Davis Vision			
	Employee*	Town	Total
Single	0.87	1.31	2.18
Couple	1.75	2.62	4.37
S/Parent	1.87	2.80	4.67
Family	3.04	4.56	7.60

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

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

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

Long-Term Disability Insurance		Employee Paid
Mutual of Omaha	Monthly Benefit = 60% base salary	
	Rate per \$100 of BW Salary	
	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

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

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

* Biweekly = monthly times 12 divided by 26