

City of Albuquerque
Biweekly Insurance Rates FY2020
July 1, 2019 - June 30, 2020

Medical Insurance Employee pays 20% City pays 80%

Presbyterian My Care Health Plan			
	Employee*	City	Total
Single	45.96	183.85	229.81
Couple	93.52	374.06	467.58
S/Parent	73.83	295.31	369.14
Family	134.96	539.85	674.81

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			
Age	Rate per \$10 of Weekly Benefit		
	Monthly Rate	BW Rate*	
All ages	0.321	0.1482	

Long-Term Disability Insurance Employee Paid

Mutual of Omaha Monthly Benefit = 60% base salary			
Age	Rate per \$100 of BW Salary		
	Monthly Rate	BW Rate*	
<30	0.218	0.1006	
30-39	0.338	0.1560	
40-44	0.446	0.2058	
45-49	0.641	0.2958	
50-54	0.835	0.3854	
55-59	0.997	0.4602	
60+	1.030	0.4754	

Accident Insurance - Employee Paid (NEW)

The Hartford Monthly Rate BW Rate*		
Single	8.20	3.78
Couple	12.89	5.95
S/Parent	13.98	6.45
Family	21.87	10.09

Critical Illness Insurance - Employee Paid (NEW)

The Hartford

Benefit Amount	\$15,000	\$ 30,000
	BW Rates*	
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	2.92	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

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 City \$0.315 per \$1,000)	
Amount of coverage is 140% of gross annual salary	
Minimum	Maximum
\$25,000	\$50,000

Voluntary Term Life Insurance 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

*Spouse age limit is 75

Mutual of Omaha Dependent Child Term Life

Coverage	Rate
\$2,500	0.240
\$5,000	0.480
\$7,500	0.720
\$10,000	0.960

Flexible Spending Account

BASIC (medical, dependent care, parking or transit fee)	
\$4.30	City Paid Monthly

* Biweekly = monthly times 12 divided by 26