

**Council of Governments  
Bi-Weekly Insurance Rates FY2022  
July 1, 2021 to June 30, 2022**

<b>Medical Insurance</b>		<b>Employee pays 17% COG pays 83%</b>	
<b>Presbyterian My Care Health Plan</b>			
	<b>Employee*</b>	<b>COG</b>	<b>Total</b>
Single	43.06	210.25	253.31
Couple	87.62	427.78	515.40
S/Parent	69.17	337.73	406.90
Family	126.45	617.38	743.83

<b>Dental Insurance</b>		<b>Employee pays 17% COG pays 83%</b>	
<b>Delta Dental</b>			
	<b>Employee*</b>	<b>COG</b>	<b>Total</b>
Single	2.53	12.36	14.89
Couple	5.12	25.00	30.12
S/Parent	5.63	27.46	33.09
Family	7.62	37.18	44.80

<b>Vision Insurance</b>		<b>Employee pays 17% COG pays 83%</b>	
<b>Davis Vision</b>			
	<b>Employee*</b>	<b>COG</b>	<b>Total</b>
Single	0.37	1.81	2.18
Couple	0.74	3.63	4.37
S/Parent	0.79	3.88	4.67
Family	1.29	6.31	7.60

<b>Legal Insurance</b>		<b>Employee Paid</b>	
<b>ARAG Legal</b>		<b>Employee*</b>	
Single		8.63	
Employee +1		10.75	
Family		11.03	

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

<b>Basic Life and AD&amp;D</b>	
<b>Mutual of Omaha (100% Paid by MRCOG equal to 140% of gross annual salary up to a maximum of \$50,000)</b>	
<b>Minimum</b>	<b>Maximum</b>
\$25,000	\$50,000

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

<b>Voluntary Term Life</b>		<b>Employee Paid</b>	
<b>Mutual of Omaha Biweekly Rates* Per \$1,000</b>			
<b>Age</b>	<b>Smoker</b>	<b>Non Smoker</b>	
<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	

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

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

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

<b>Flexible Spending Account</b>	
<b>P&amp;A (medical, dependent care, parking or transit fee)</b>	
\$2.65	<b>COG Paid Monthly Flex and Debit Card</b>

\* Biweekly = monthly times 12 divided by 26