

Council of Governments Insurance Rates FY2021 July 1, 2020 to June 30, 2021

Medical Insurance			
Employee pays 17% COG pays 83%			
Presbyterian My Care Health Plan			
	Employee*	COG	Total
Single	41.61	203.13	244.74
Couple	84.65	413.32	497.97
S/Parent	66.83	326.31	393.14
Family	122.18	596.50	718.68

Dental Insurance			
Employee pays 17% COG pays 83%			
Delta Dental			
	Employee*	COG	Total
Single	2.48	12.12	14.60
Couple	5.02	24.51	29.53
S/Parent	5.52	26.92	32.44
Family	7.47	36.45	43.92

Vision Insurance			
Employee pays 17% COG pays 83%			
Davis Vision			
	Employee*	COG	Total
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

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

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	

Basic Life and AD&D	
Mutual of Omaha (100% Paid by MRCOG equal to 140% of gross annual salary up to a maximum of \$50,000)	
Minumum	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			
BW Rate*			
Age			
<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	0.0397	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	

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

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

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	

Flexible Spending Account	
BASIC (medical, dependent care, parking or transit fee)	
\$4.30	COG Paid Monthly Flex and Debit Card
\$3.25	COG Paid Monthly Parking Transit

* Biweekly = monthly times 12 divided by 26