

# Sandoval County

## Biweekly Insurance Rates FY2022

### July 1, 2021 - June 30, 2022

Medical Insurance		Employee pays 30% ER pays 70%	
Presbyterian My Care Health Plan			
	Employee*	County	Total
Single	75.99	177.32	253.31
Couple	154.62	360.78	515.40
S/Parent	122.07	284.83	406.90
Family	223.15	520.68	743.83

Vision Insurance		Employee pays 100%	
Davis Vision			
	Employee*	County	Total
Single	2.18	0.00	2.18
Couple	4.37	0.00	4.37
S/Parent	4.67	0.00	4.67
Family	7.60	0.00	7.60

Short-Term Disability Insurance		Employee Pays 100%	
Mutual of Omaha Weekly Benefit = 60% base salary			
Rate per \$10 of Weekly Benefit			
BW Rate*			
All Ages			0.1482

Long-Term Disability		Emp pays 30% ER pays 70%	
Mutual of Omaha Monthly Benefit = 60% base salary			
Rate per \$100 of BW Salary			
Age	Emp Rate	ER Rate	BW Rate*
<30	0.0302	0.0704	0.1006
30-39	0.0468	0.1092	0.1560
40-44	0.0618	0.1440	0.2058
45-49	0.0888	0.2070	0.2958
50-54	0.1156	0.2698	0.3854
55-59	0.1379	0.3218	0.4597
60+	0.1426	0.3328	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 30% ER pays 70%	
Delta Dental			
	Employee*	County	Total
Single	4.47	10.42	14.89
Couple	9.04	21.08	30.12
S/Parent	9.93	23.16	33.09
Family	13.44	31.36	44.80

Basic Life and AD&D		Employee pays 30% ER pays 70%	
Mutual of Omaha Coverage Equal to Enrolled Amounts Per Thousand.			
Minimum		Maximum	
\$25,000		\$50,000	
	Employee	County	Total
Cost per \$1,000	0.02838	0.06623	0.09462

Voluntary Term Life		Employee Pays 100%	
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

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

**Flexible Spending Account**  
P&A (medical, dependent care, parking or transit fee)  
County Pays \$2.65 Monthly Fee for Flex and Debit Card

\* Biweekly = monthly times 12 divided by 26