SSCAFCA Biweekly Insurance Rates FY2022 July 1, 2021 - June 30, 2022

Medical Insurance	Employee pays 17% ER pays 83%		
Presbyterian My Care Health Plan			
	Employee*	SSCAFCA	Total
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

Vision Insurance	Employee pays 17% ER pays 83%		
Davis Vision			
	Employee*	SSCAFCA	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

Long-Term Disability Insurance	
Monthly Ben	efit = 60% base salary
Rate per	\$100 of BW Salary
	BW Rate*
	0.1006
	0.1560
	0.2058
	0.2958
	0.3854
	0.4597
	0.4754
	Monthly Ben Rate per

^{*} Biweekly = monthly times 12 divided by 26

Dental Insurance	Employe	e pays 17%	ER pays 83%
Delta Dental			
	Employee*	SSCAFCA	Total
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

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

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	

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	