

SSCAFCA

Biweekly Insurance Rates FY2021

July 1, 2020 - June 30, 2021

Medical Insurance		Employee pays 17% ER pays 83%	
Presbyterian My Care Health Plan			
	Employee*	SSCAFCA	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% ER pays 83%	
Delta Dental			
	Employee*	SSCAFCA	Total
Single	2.48	12.12	14.60
Couple	5.02	24.51	29.53
S/Parent	5.51	26.93	32.44
Family	7.47	36.45	43.92

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

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

* Biweekly = monthly times 12 divided by 26

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