Town of Bernalillo
Biweekly Insurance Rates FY2022
July 1, 2021 - June 30, 2022

Medical Insurance	Employee pays 20% Town pays 80%		
Presbyterian My Care Health Plan			
	Employee*	Town	Total
Single	50.66	202.65	253.31
Couple	103.08	412.32	515.40
S/Parent	81.38	325.52	406.90
Family	148.77	595.06	743.83

Dental Insurance	Employee pays 20% Town pays 80%		
Delta Dental			
	Employee*	Town	Total
Single	2.98	11.91	14.89
Couple	6.02	24.10	30.12
S/Parent	6.62	26.47	33.09
Family	8.96	35.84	44.80

Vision Insurance	Employee pays 100% Town pays 0%		
Davis Vision			
	Employee*	Town	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

Basic Life and AD&D	
Mutual of Omaha (100% Paid by the Town equal to 140% of gross annual salary up to a maximum of $50.000)	
Minimum	Maximum
$25,000	$50,000

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

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

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

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

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

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

* Biweekly = monthly times 12 divided by 26