

Town of Cochiti Lake

Biweekly Insurance Rates FY2022

July 1, 2021 - June 30, 2022

Medical Insurance		Employee pays 40% ER pays 60%	
Presbyterian My Care Health Plan			
	Employee*	Town	Total
Single	101.32	151.99	253.31
Couple	206.16	309.24	515.40
S/Parent	162.76	244.14	406.90
Family	297.53	446.30	743.83

Dental Insurance		Employee pays 40% ER pays 60%	
Delta Dental			
	Employee*	Town	Total
Single	5.96	8.93	14.89
Couple	12.05	18.07	30.12
S/Parent	13.24	19.85	33.09
Family	17.92	26.88	44.80

Vision Insurance		Employee pays 40% ER pays 60%	
Davis Vision			
	Employee*	Town	Total
Single	0.87	1.31	2.18
Couple	1.75	2.62	4.37
S/Parent	1.87	2.80	4.67
Family	3.04	4.56	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	

* Biweekly = monthly times 12 divided by 26