

Tijeras Village

Weekly Insurance Rates FY2022

July 1, 2021 - June 30, 2022

Medical Insurance		Employee pays 20% ER pays 80%	
Presbyterian My Care Health Plan			
	Employee*	Village	Total
Single	25.33	101.32	126.65
Couple	51.54	206.16	257.70
S/Parent	40.69	162.76	203.45
Family	74.38	297.54	371.92

Dental Insurance		Employee pays 20% ER pays 80%	
Delta Dental			
	Employee*	Village	Total
Single	1.49	5.96	7.45
Couple	3.01	12.05	15.06
S/Parent	3.31	13.24	16.55
Family	4.48	17.92	22.40

Vision Insurance		Employee pays 20% ER pays 80%	
Davis Vision			
	Employee*	Village	Total
Single	0.22	0.87	1.09
Couple	0.44	1.74	2.18
S/Parent	0.47	1.86	2.33
Family	0.76	3.04	3.80

Voluntary Term Life		Employee Paid
Mutual of Omaha Weekly Rates* Per \$1,000		
Age	Smoker	Non Smoker
<30	0.0198	0.0085
30-34	0.0252	0.0115
35-39	0.0418	0.0198
40-44	0.0586	0.0307
45-49	0.1105	0.0612
50-54	0.1668	0.0916
55-59	0.2439	0.1332
60-64	0.3102	0.1719
65-69	0.4592	0.2575
70-74	0.8765	0.4865
75+	1.3608	0.7572

Short-Term Disability Insurance		Employee Paid
Mutual of Omaha		
Weekly Benefit = 60% base salary		
Rate per \$10 of Weekly Benefit		
Weekly Rate*		
All Ages		0.0741

Long-Term Disability Insurance		Employee Paid
Mutual of Omaha		
Monthly Benefit = 60% base salary		
Rate per \$100 of WK Salary		
Age	Weekly Rate*	
<30	0.0503	
30-39	0.0780	
40-44	0.1029	
45-49	0.1479	
50-54	0.1927	
55-59	0.2298	
60+	0.2377	

Mutual of Omaha Dependent Child Term Life	
Coverage	Weekly Rate*
\$2,500	0.12
\$5,000	0.24
\$7,500	0.36
\$10,000	0.48

Legal Insurance		Employee Paid
ARAG Legal		
	Employee*	
Single	4.32	
Employee +1	5.38	
Family	5.52	

Accident Insurance		Employee Paid
The Hartford		
	Weekly Rates*	
Single	1.89	
Couple	2.97	
S/Parent	3.23	
Family	5.05	

Critical Illness Insurance		Employee Paid
Benefit Amount	\$ 15,000	\$30,000
Single	5.73	11.19
Couple	8.44	16.37
S/Parent	6.29	12.13
Family	9.09	17.47

* Weekly = monthly times 12 divided by 52