

# 2019-2020 Per Pay Period Premium Medical, Prescription, Behavioral Health



## Full-Time Active Employees

Plan	Tier	EMPLOYER Premium Per Pay Period	EMPLOYEE Premium Per Pay Period <sup>1</sup>
Cigna HMO	Employee	300.90	41.40
	Employee + Spouse	584.04	79.69
	Employee + Child(ren)	482.24	63.40
	Employee + Family	758.31	109.07
Cigna and UnitedHealthcare HDHP with HSA	Employee	302.88	33.86
	Employee + Spouse	607.51	44.93
	Employee + Child(ren)	496.51	39.95
	Employee + Family	792.73	59.75
UnitedHealthcare PPO	Employee	305.46	52.84
	Employee + Spouse	581.32	114.87
	Employee + Child(ren)	476.71	95.35
	Employee + Family	750.74	159.55

\* Employees who earn the Be Well Wellness Incentive may receive a \$30.00 reduction from their medical premium per pay period.

## Part-Time Active Employees<sup>2</sup>

Plan	Tier	EMPLOYER Premium Per Pay Period	EMPLOYEE Premium Per Pay Period *
Cigna HMO	Employee	150.45	191.85
	Employee + Spouse	292.02	371.71
	Employee + Child(ren)	241.12	304.52
	Employee + Family	379.16	488.22
Cigna and UnitedHealthcare HDHP with HSA	Employee	151.44	185.30
	Employee + Spouse	303.76	348.68
	Employee + Child(ren)	248.26	288.20
	Employee + Family	396.37	456.11
UnitedHealthcare PPO	Employee	152.73	205.57
	Employee + Spouse	290.66	405.53
	Employee + Child(ren)	238.36	333.70
	Employee + Family	375.37	534.92

1. Employees who earn the Be Well Wellness Incentive may receive a \$30.00 reduction from their medical premium per pay period.

2. Part-time hours are 19 to 29.99 per week.

# 2019-2020 Per Pay Period Premium Vision and Dental



## Vision

Plan	Tier	Part-Time Active EMPLOYER Premium Per Pay Period	Part-Time Active EMPLOYEE Premium Per Pay Period	Full-Time Active EMPLOYER Premium Per Pay Period	Full-Time Active EMPLOYEE Premium Per Pay Period
EyeMed	Employee	1.37	2.03	2.74	0.66
	Employee + Spouse	2.53	3.98	5.06	1.45
	Employee + Child(ren)	2.75	3.84	5.50	1.09
	Employee + Family	3.98	5.93	7.96	1.95

## Dental

Plan	Tier	Part-Time Active EMPLOYER Premium Per Pay Period	Part-Time Active EMPLOYEE Premium Per Pay Period	Full-Time Active EMPLOYER Premium Per Pay Period	Full-Time Active EMPLOYEE Premium Per Pay Period
Cigna Prepaid (DHMO)	Employee	1.13	3.50	2.26	2.37
	Employee + Spouse	1.68	6.15	3.36	4.47
	Employee + Child(ren)	2.51	8.33	5.02	5.82
	Employee + Family	3.04	9.72	6.07	6.69
Cigna (PPO)	Employee	4.84	13.06	9.67	8.23
	Employee + Spouse	10.66	28.77	21.31	18.12
	Employee + Child(ren)	11.52	31.13	23.03	19.62
	Employee + Family	14.77	39.98	29.53	25.22
Delta (PPO)	Employee	4.82	16.76	9.63	11.95
	Employee + Spouse	10.61	36.94	21.22	26.33
	Employee + Child(ren)	11.47	39.97	22.93	28.51
	Employee + Family	14.71	51.43	29.41	36.73

# 2019-2020 Per Pay Period Premium Life Insurance



	Rate/ \$1,000 Coverage
Additional Accidental Death and Dismemberment - Employee	0.0100
Additional Accidental Death and Dismemberment - Family	0.0175
Dependent Child Life (can elect in increments of \$5,000 up to \$20,000)	0.0500

Additional Employee and Spouse Life (Spouse coverage may be elected in \$10,000 increments up to a maximum of \$100,000 and cannot exceed an employee's total life insurance amount.)	Non-Tobacco User	Tobacco User
<b>Age Bands</b>		
Under 25	0.0145	0.0235
25-29	0.0175	0.0255
30-34	0.0230	0.0290
35-39	0.0255	0.0495
40-44	0.0335	0.0705
45-49	0.0545	0.1400
50-54	0.0835	0.2580
55-59	0.1420	0.2630
60-64	0.2400	0.4075
65-69	0.3460	0.4985
70 and older	0.6405	0.8190

## Formula to Estimate Additional Life Insurance Premium

$$\frac{\text{Rate}}{\text{Coverage Amount}} \times \frac{\text{Coverage Amount}}{1,000} = \text{Per Pay Period Premium}$$

## Example: Employee Additional Life 3x | Age 36 | Non-Tobacco User | Annual Base Salary = \$45,900

$$\frac{.0255}{\text{Rate}} \times \frac{\$138,000}{\text{Coverage Amount}} \div \frac{1,000}{\text{Per Pay Period Premium}} = \$3.52$$

(For Employee - Annual Base Salary rounded to the nearest \$1,000 multiplied by 1-5x)

# 2019-2020 Per Pay Period Premium Other Benefits



## Short-Term Disability

Short-Term Disability Coverage - Employee Only	Multiplier x Annual Base Salary / 24 Pay Periods
40%	0.0021
50%	0.0033
60%	0.0063

## Short-Term Disability Examples:

Comparison of Short-Term Disability Premium at Various Salary Levels			
Annual Base Salary	Per Pay Period Premium Short-Term 60%	Per Pay Period Premium Short-Term 50%	Per Pay Period Premium Short-Term 40%
25,106	6.59	3.45	2.20
40,503	10.63	5.57	3.54
50,336	13.21	6.92	4.40
61,922	16.25	8.51	5.42
73,923	19.40	10.16	6.47
115,981	30.45	15.95	10.15

## Hyatt Legal Plan

Other Services	Employee Premium Per Pay Period
Hyatt Legal	7.87