

2019 Benefits Rate Sheet

	MEDICAL PLANS RATES*			DENTAL PLAN RATES*		VISION PLAN RATES*
	BlueCare HMO	BlueOptions PPO	BlueOptions HDHP	Enhanced	Basic	EyeMed
Employee Only	\$61.76	\$124.61	\$52.68	\$11.46	\$6.67	University Paid
Employee + Spouse/Domestic Partner	\$137.67	\$277.80	\$121.00	\$28.67	\$19.10	\$1.36
Employee + Child(ren)	\$107.94	\$217.83	\$97.24	\$38.28	\$21.76	\$1.51
Employee + Family	\$188.34	\$380.04	\$158.60	\$55.35	\$34.20	\$2.94

VOLUNTARY LIFE AND SPOUSE LIFE RATES**	
Age as of 1/1/2018	Rate
15 - 19	\$0.350
20 - 24	\$0.035
25 - 29	\$0.035
30 - 34	\$0.037
35 - 39	\$0.048
40 - 44	\$0.074
45 - 49	\$0.120
50 - 54	\$0.175
55 - 59	\$0.268
60 - 64	\$0.411
65 - 69	\$0.711
70 - 74	\$1.001
75 and Over	\$2.146

****Rates are per \$1,000 of life insurance benefit**

VOLUNTARY CHILD LIFE RATES
\$.00923 Per \$1,000 of life insurance benefit

VOLUNTARY AD&D RATES***	
Employee	\$0.00923
Spouse	\$0.00923
Child	\$0.00923

*****Rates are per \$1,000 of AD&D insurance benefit**

SHORT-TERM DISABILITY RATES*****	
Age as of 1/1/2018	Rate
<25	\$0.310
25 - 29	\$0.370
30 - 34	\$0.320
35 - 39	\$0.280
40 - 44	\$0.290
45 - 49	\$0.310
50 - 54	\$0.400
55 - 59	\$0.490
60 - 64	\$0.590
65 - 69	\$0.620
70+	\$0.620

*******Per \$10 of weekly benefit & age as of 1/1**

Company Paid
Long-Term Disability
Basic Life Insurance (1X Annual Salary)
Health Advocate
Employee Assistance Program
Worldwide Travel Assistance

*Dependents overage 26 may be subject to imputed income if they do not meet the IRS definition of a dependent.