

2020 BENEFIT PLAN RATES

Per pay-period	Coverage Level	GENERAL GOVERNMENT			MNPS EMPLOYEES	
		12-month Bi-Weekly	12-month Semi-Monthly	9-month Semi-Monthly	12-month Bi-Weekly	10-month Bi-Weekly
Medical						
BCBS PPO	Employee only	\$83.00	\$90.00	\$120.00	\$83.00	\$108.00
	Employee + child(ren)	\$116.00	\$126.00	\$168.00	\$116.00	\$151.00
	Employee + family	\$214.00	\$231.00	\$309.00	\$214.00	\$278.00
Cigna Choice Fund	Employee only	\$88.00	\$95.00	\$127.00	\$88.00	\$114.00
	Employee + child(ren)	\$126.00	\$136.00	\$182.00	\$126.00	\$164.00
	Employee + family	\$231.00	\$250.00	\$333.00	\$231.00	\$300.00

Dental						
Flexible Plan	Employee only	Metro provides employee only dental coverage at no cost to you				
	Employee + family	\$17.42	\$18.86	\$25.16	\$17.42	\$22.64
Limited Plan	Employee only	Metro provides employee only dental coverage at no cost to you				
	Employee + family	\$22.18	\$24.02	\$32.03	\$22.18	\$28.83

Vision						
Basic Plan	Employee only	\$1.41	\$1.52	\$2.03	\$1.41	\$1.83
	Employee + family	\$4.30	\$4.65	\$6.20	\$4.30	\$5.58
Enhanced Plan	Employee only	\$2.22	\$2.40	\$3.20	\$2.22	\$2.88
	Employee + family	\$7.08	\$7.67	\$10.22	\$7.08	\$9.20

Disability Insurance						
Short-Term Disability	Monthly premium is .028 times your weekly pay Example: \$400 weekly earnings x .028 = \$11.20 per month					
Long-Term Disability	Monthly premium is .0031 times your monthly pay Example: \$1,600 monthly earnings x .0031 = \$4.96 per month					

Life Insurance	Age	Monthly Rate Per \$10,000 in Coverage
Supplemental Life	Less than 25	\$0.50
	25 to 29	\$0.60
	30 to 34	\$0.80
	35 to 39	\$0.90
	40 to 44	\$1.10
	45 to 49	\$1.60
	50 to 54	\$2.40
	55 to 59	\$4.30
	60 to 64	\$6.60
	65 to 69	\$12.70
	70 and over	\$20.60
Dependent Life	\$5,000 per Child Plus Spouse/Domestic Partner Coverage Amount of:	Monthly Rate¹
	\$10,000	\$3.76
	\$20,000	\$7.12
	\$30,000	\$10.48
	\$40,000	\$13.84
	\$50,000	\$17.20

¹ Monthly rates cover all children, regardless of how many; if you are electing dependent life for children only (no spouse/domestic partner coverage), the monthly rate is \$3.76.