

2021 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	\$89.08	\$96.50	\$128.67	\$89.08	\$115.80
	Employee + child(ren)	\$124.62	\$135.00	\$180.00	\$124.62	\$162.00
	Employee + family	\$228.46	\$247.50	\$330.00	\$228.46	\$297.00
Cigna Choice Fund	Employee only	\$97.85	\$106.00	\$141.33	\$97.85	\$127.20
	Employee + child(ren)	\$139.85	\$151.50	\$202.00	\$139.85	\$181.80
	Employee + family	\$256.15	\$277.50	\$370.00	\$256.15	\$333.00

Dental						
Flexible Plan	Employee only	Metro provides employee only dental coverage at no cost to you				
	Employee + family	\$17.76	\$19.24	\$25.65	\$17.76	\$23.08
Limited Plan	Employee only	Metro provides employee only dental coverage at no cost to you				
	Employee + family	\$22.62	\$24.50	\$32.67	\$22.62	\$29.40

Vision						
Basic Plan	Employee only	\$1.36	\$1.48	\$1.97	\$1.36	\$1.77
	Employee + family	\$4.16	\$4.51	\$6.01	\$4.16	\$5.41
Enhanced Plan	Employee only	\$2.15	\$2.33	\$3.11	\$2.15	\$2.80
	Employee + family	\$6.87	\$7.44	\$9.92	\$6.87	\$8.93

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.