

2017

COLORADO SCHOOL OF MINES



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Health Insurance

Anthem Blue Cross and Blue Shield

BlueAdvantage Point of Service Plan (HMO/POS) & Blue Prime PPO Plan and Custom Plus Health Plan

	TOTAL COST	YOUR MONTHLY COST
Employee Only	\$637.52	\$00.00
Employee + Spouse	\$1,528.84	\$00.00
Employee + Child(ren)	\$1,401.84	\$00.00
Employee and Family	\$1,759.13	\$00.00

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Blue Priority HMO Plan

Employee Only	\$586.52	\$00.00
Employee + Spouse	\$1,406.84	\$00.00
Employee + Child(ren)	\$1,289.84	\$00.00
Employee and Family	\$1,619.13	\$00.00

Lumenos 2500 HDHP Plan

Employee Only	\$573.52	\$00.00
Employee + Spouse	\$1,376.84	\$00.00
Employee + Child(ren)	\$1,261.84	\$00.00
Employee and Family	\$1,584.13	\$00.00

Health rates include Blue View Vision Exam Only plan.

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Dental Insurance (same rates for all choices)

Anthem Blue Cross and Blue Shield

Anthem Blue Dental PPO Plus or Anthem Blue Dental PPO

Employee Only	\$41.00	\$00.00
Employee + Spouse	\$94.00	\$00.00
Employee + Child(ren)	\$90.00	\$00.00
Employee and Family	\$107.00	\$00.00

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Vision Insurance

Anthem Blue Cross and Blue Shield

Blue View Vision Materials Only Voluntary Vision Plan

Employee Only	\$6.36	\$6.36
Employee + Spouse	\$11.92	\$11.92
Employee + Child(ren)	\$11.92	\$11.92
Employee and Family	\$17.31	\$17.31

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Blue View Vision Exam & Materials Voluntary Vision Plan

Employee Only	\$8.80	\$8.80
Employee + Spouse	\$16.49	\$16.49
Employee + Child(ren)	\$16.49	\$16.49
Employee and Family	\$23.95	\$23.95

2017

Flexible Spending Benefit Plan Administrative Fee

24HourFlex

One or Both Spending Accounts

Employer Paid

\$3.75

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Voluntary Term Life Insurance (Employee and/or Spouse)

Anthem Life (premium per \$10,000 death benefit)

<u>Attained Age</u>	<u>Smoker</u>	<u>Non-Smoker</u>
less than 35	\$ 1.40	\$.90
35-39	\$ 2.00	\$ 1.20
40-44	\$ 3.10	\$ 1.70
45-49	\$ 5.70	\$ 3.00
50-54	\$ 9.20	\$ 4.70
55-59	\$ 16.40	\$ 8.60
60-64	\$ 20.00	\$ 11.20
65-69	\$ 32.20	\$ 19.40
70-74	\$ 51.00	\$ 33.70
75-79	\$ 94.40	\$ 68.90
80-84	\$126.40	\$101.20
85-99	\$201.40	\$181.50

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Voluntary Dependent Child Term Life (\$5,000 per child) \$1.50 total per month

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Voluntary Accidental Death & Dismemberment

Mutual of Omaha

<u>Employee Principal Sum</u>	<u>Employee Only</u>	<u>Employee and Family</u>
\$ 10,000.00	\$.36	\$.52
\$ 30,000.00	\$ 1.08	\$ 1.56
\$ 50,000.00	\$ 1.80	\$ 2.60
\$ 80,000.00	\$ 2.88	\$ 4.16
\$100,000.00	\$ 3.60	\$ 5.20
\$150,000.00	\$ 5.40	\$ 7.80
\$200,000.00	\$ 7.20	\$10.40
\$250,000.00	\$ 9.00	\$13.00
\$300,000.00	\$10.80	\$15.60
\$500,000.00	\$18.00	\$26.00

The amount of insurance you select is called the "Principal Sum". You may select a Principal Sum between a minimum of \$10,000 and a maximum of \$500,000 in increments of \$10,000. Amounts over \$250,000 are subject to ten (10) times your annual salary. Employee and Family includes coverage for you, your Spouse/Domestic Partner and eligible children. If you elect a Family Plan, your spouse's benefit will be 50% of your Principal Sum and the benefit for each child (no matter how many), will be 10% of your Principal Sum.