

2018



COLORADO SCHOOL OF MINES

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Health Insurance

Anthem Blue Cross and Blue Shield

TOTAL COST

YOUR
MONTHLY COST

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

Employee Only	\$671.52	\$00.00
Employee + Spouse	\$1,608.84	\$00.00
Employee + Child(ren)	\$1,475.84	\$00.00
Employee and Family	\$1,851.13	\$00.00

Blue Priority HMO Plan

Employee Only	\$617.52	\$00.00
Employee + Spouse	\$1,480.84	\$00.00
Employee + Child(ren)	\$1,357.84	\$00.00
Employee and Family	\$1,704.13	\$00.00

2500 HDHP Plan

Employee Only	\$516.52	\$00.00
Employee + Spouse	\$1,238.84	\$00.00
Employee + Child(ren)	\$1,135.84	\$00.00
Employee and Family	\$1,426.13	\$00.00

Health rates include Blue View Vision Exam Only plan.

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	\$42.00	\$00.00
Employee + Spouse	\$95.00	\$00.00
Employee + Child(ren)	\$91.00	\$00.00
Employee and Family	\$109.00	\$00.00

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

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

2018

Flexible Spending Benefit Plan Administrative Fee

24HourFlex

One or Both Spending Accounts

Employer Paid

\$3.75

Voluntary Term Life Insurance (Employee and/or Spouse)

Anthem Life (premium per \$1,000 death benefit)

<u>Attained Age</u>	<u>Smoker</u>	<u>Non-Smoker</u>
<25	\$0.084	\$0.054
25-29	\$0.084	\$0.060
30-34	\$0.084	\$0.080
35-39	\$0.120	\$0.090
40-44	\$0.186	\$0.102
45-49	\$0.342	\$0.180
50-54	\$0.552	\$0.282
55-59	\$0.984	\$0.516
60-64	\$1.200	\$0.720
65-69	\$1.932	\$1.280
70-74	\$3.060	\$2.060
75-79	\$5.664	\$4.134
80-84	\$7.584	\$6.072
85-99	\$12.084	\$10.890

Voluntary Dependent Child Term Life (per \$5,000 up to \$25,000 per child) **\$1.50 total per/\$5,000**

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 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.