



**ALBUQUERQUE  
PUBLIC SCHOOLS**

**ALBUQUERQUE PUBLIC SCHOOLS  
BENEFIT PREMIUM RATES  
January 1, 2020 - December 31, 2020**

| <b>If you earn \$45,000 or more:</b> | <b>Bimonthly Deductions Are:</b> |           |               |         |
|--------------------------------------|----------------------------------|-----------|---------------|---------|
| (EE 40% - APS 60% of Total Premium)  | Single                           | Two Party | Family        |         |
| Davis Vision                         | \$1.23                           | \$2.33    | \$3.42        |         |
|                                      | Single                           | EE+Spouse | EE+Child(ren) | Family  |
| Delta Comprehensive Dental           | \$6.42                           | \$14.78   | \$16.06       | \$26.21 |
| Delta Basic Dental                   | \$3.06                           | \$6.13    | \$6.45        | \$10.69 |

| <b>If you earn \$39,500 to \$44,999:</b> | <b>Bimonthly Deductions Are:</b> |           |               |         |
|--|----------------------------------|-----------|---------------|---------|
| (EE 30% - APS 70% of Total Premium)      | Single                           | Two Party | Family        |         |
| Davis Vision                             | \$0.92                           | \$1.75    | \$2.57        |         |
|  | Single                           | EE+Spouse | EE+Child(ren) | Family  |
| Delta Comprehensive Dental               | \$4.82                           | \$11.08   | \$12.05       | \$19.66 |
| Delta Basic Dental                       | \$2.30                           | \$4.60    | \$4.84        | \$8.02  |

| <b>If you earn less than \$39,500:</b> | <b>Bimonthly Deductions Are:</b> |           |               |         |
|--|----------------------------------|-----------|---------------|---------|
| (EE 20% - APS 80% of Total Premium)    | Single                           | Two Party | Family        |         |
| Davis Vision                           | \$0.62                           | \$1.17    | \$1.71        |         |
|  | Single                           | EE+Spouse | EE+Child(ren) | Family  |
| Delta Comprehensive Dental             | \$3.21                           | \$7.39    | \$8.03        | \$13.11 |
| Delta Basic Dental                     | \$1.53                           | \$3.07    | \$3.23        | \$5.34  |

**The Standard Life and AD&D Insurance**

| Basic Life Coverage for \$10,000 - 100% Employer Paid |                               |  |
|---|-------------------------------|--|
| Additional Life Coverage<br>Age bands as below:       | Rates per<br>\$1,000 coverage | Coverage available in increments of \$10,000 from<br>\$10,000 up to \$400,000.           |
| <30   | \$0.032                       | <i>Please see Dependent Life<br/>Worksheet for Dependent<br/>Life Insurance Options.</i> |
| 30-34   | \$0.043                       |  |
| 35-39   | \$0.049                       |  |
| 40-44   | \$0.054                       |  |
| 45-49   | \$0.085                       |  |
| 50-54   | \$0.114                       |  |
| 55-59   | \$0.206                       |  |
| 60-64   | \$0.315                       |  |
| 65-69   | \$0.592                       |  |
| 70+   | \$0.955                       |  |

To calculate your Life bimonthly payroll deduction, follow these steps:

*Example: \$100,000 Coverage, Age 46*

|  |  |
|--|--|
| Enter Amount of Coverage   | \$100,000  |
| Divide by 1,000 (for # of units of \$1,000)  | \$100,000/\$1,000 = 100  |
| Multiply by the rate for Employee's age group to get the Employee Life Insurance total bimonthly premium | Additional Life rate for ages 45-49 is \$0.085<br>100 x \$0.085 = \$8.50 |
| Multiply total premium by employee cost share of 50%   | \$8.50 x 50% = \$4.25 bimonthly  |

**The Standard Long Term Disability (LTD)**

| Coverage | Rate    |
|----------|---------|
| 60%      | \$0.128 |

To calculate your LTD bimonthly payroll deduction, follow these steps:

*Example: \$45,000 Salary, 60% Coverage*

|   |                                 |
|---|---------------------------------|
| Enter Contracted Annual Salary but not more than \$100,000  | \$45,000                        |
| Divide Salary by 12 to get Monthly Salary   | \$45,000/12 = \$3,750.00        |
| Divide Monthly Salary by 100  | \$3,750.00/100 = \$37.50        |
| Multiply by plan rate   | \$37.50 x \$0.128 = \$4.80      |
| Multiply total premium by employee cost share %<br>40% if you earn \$45,000 or more<br>30% if you earn \$39,500 to \$44,999<br>20% if you earn less than \$39,500 | \$4.80 x 40% = \$1.92 bimonthly |

| <b>Dependent Life Plan 1 - Spouse and/or Children</b>  |
|--|
| Provides coverage for your Spouse and/or Children for the amount of \$5,000 each. The cost of this coverage is \$0.53 bimonthly. |

| <b>Dependent Life Plan 2 - Spouse</b>  |   |   |
|--|---|---|
| Age bands as below:  | Rates per \$1,000 coverage  | Coverage available in increments of \$10,000 from \$10,000 up to \$400,000. |
| <29  | \$0.022   |   |
| 30-34  | \$0.033   |   |
| 35-39  | \$0.039   |   |
| 40-44  | \$0.044   |   |
| 45-49  | \$0.075   |   |
| 50-54  | \$0.104   |   |
| 55-59  | \$0.196   |   |
| 60-64  | \$0.305   |   |
| 65-69  | \$0.582   |   |
| >69  | \$0.945   |   |
| To calculate your Dependent Life bimonthly payroll deduction for a spouse follow these steps: <i>Example: \$100,000 Coverage, Age 37</i> |   |   |
| Enter Amount of Coverage   | \$100,000   |   |
| Divide by 1,000 (for # of units of \$1,000)  | $\$100,000/\$1,000 = 100$   |   |
| Multiply by the rate for Spouse's age group to get the Dependent Life Insurance bimonthly premium  | Dependent Life Plan 2 rate for ages 35-39 is \$0.039<br>$100 \times \$0.039 = \$3.90$ |   |

| <b>Dependent Life Plan 2 - Child(ren)</b>  |
|--|
| Provides coverage for your Child(ren) for the amount of \$10,000 each at a cost of \$0.95 bimonthly. |