

The following updated salary tiers applies as of the 2022-2023 contract start dates.



**ALBUQUERQUE PUBLIC SCHOOLS  
BENEFIT PREMIUM RATES - FOOD SERVICES  
January 1, 2022 - December 31, 2022**

| <b>If you earn \$55,000 or more:</b> | <b>Bimonthly Deductions Are:</b> |           |               |         |
|--------------------------------------|----------------------------------|-----------|---------------|---------|
| (EE 40% - APS 60% of Total Premium)  | Single                           | Two Party | Family        |         |
| Davis Vision                         | \$1.73                           | \$3.29    | \$4.84        |         |
|                                      | Single                           | EE+Spouse | EE+Child(ren) | Family  |
| Delta Comprehensive Dental           | \$9.08                           | \$20.88   | \$22.71       | \$37.04 |
| Delta Basic Dental                   | \$4.33                           | \$8.67    | \$9.12        | \$15.11 |

| <b>If you earn \$42,500 to \$54,999:</b> | <b>Bimonthly Deductions Are:</b> |           |               |         |
|--|----------------------------------|-----------|---------------|---------|
| (EE 30% - APS 70% of Total Premium)      | Single                           | Two Party | Family        |         |
| Davis Vision                             | \$1.31                           | \$2.47    | \$3.63        |         |
|  | Single                           | EE+Spouse | EE+Child(ren) | Family  |
| Delta Comprehensive Dental               | \$6.81                           | \$15.67   | \$17.03       | \$27.79 |
| Delta Basic Dental                       | \$3.25                           | \$6.51    | \$6.84        | \$11.33 |

| <b>If you earn less than \$42,500:</b> | <b>Bimonthly Deductions Are:</b> |           |               |         |
|--|----------------------------------|-----------|---------------|---------|
| (EE 20% - APS 80% of Total Premium)    | Single                           | Two Party | Family        |         |
| Davis Vision                           | \$0.87                           | \$1.65    | \$2.41        |         |
|  | Single                           | EE+Spouse | EE+Child(ren) | Family  |
| Delta Comprehensive Dental             | \$4.53                           | \$10.44   | \$11.35       | \$18.52 |
| Delta Basic Dental                     | \$2.16                           | \$4.33    | \$4.56        | \$7.55  |

| <b>The Standard Life and AD&amp;D Insurance</b>       |                               |  |
|---|-------------------------------|--|
| 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   | \$0.042                       | <i>Please see Dependent Life<br/>Worksheet for Dependent<br/>Life Insurance Options.</i> |
| 30-34   | \$0.057                       |  |
| 35-39   | \$0.065                       |  |
| 40-44   | \$0.072                       |  |
| 45-49   | \$0.113                       |  |
| 50-54   | \$0.151                       |  |
| 55-59   | \$0.275                       |  |
| 60-64   | \$0.419                       |  |
| 65-69   | \$0.789                       |  |
| 70+   | \$1.273                       |  |

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 \$0.113<br>100 x \$0.113 = \$11.30 |
| Multiply total premium by employee cost share of 50%   | \$11.30 x 50% = \$5.65 bimonthly  |

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

| Coverage | Rate    |
|----------|---------|
| 60%      | \$0.171 |

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

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

|   |   |
|---|---|
| Enter Contracted Annual Salary<br>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   | $\$37.50 \times \$0.171 = \$6.40$       |
| 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 | $\$6.40 \times 40\% = \$2.56$ bimonthly |