

2017 BENEFIT PLAN RATES

Per pay-period	Coverage Level	GENERAL GOVERNMENT		MNPS EMPLOYEES	
		12-month Semi-Monthly ¹	9-month Semi-Monthly	12-month Bi-Weekly	10-month Bi-Weekly
Medical					
BCBS PPO	Single	\$86.00	\$115.00	\$80.00	\$104.00
	Family	\$207.00	\$276.00	\$191.00	\$248.00
Cigna Choice Fund	Single	\$91.00	\$121.00	\$84.00	\$109.00
	Family	\$218.00	\$290.00	\$200.00	\$261.00
Dental					
Flexible Plan	Single	Metro provides single dental coverage at no cost to you			
	Family	\$18.86	\$25.16	\$17.42	\$22.64
Limited Plan	Single	Metro provides single dental coverage at no cost to you			
	Family	\$18.86	\$25.16	\$17.42	\$22.64
Vision					
Basic Plan	Single	\$1.52	\$2.03	\$1.41	\$1.83
	Family	\$4.65	\$6.20	\$4.30	\$5.58
Enhanced Plan	Single	\$2.40	\$3.20	\$2.22	\$2.88
	Family	\$7.67	\$10.22	\$7.08	\$9.20

Disability Insurance

Short-Term Disability

Monthly premium is .030 times your **weekly** pay; Example: \$400 weekly earnings x .030 = \$12 per month

Long-Term Disability

Monthly premium is .0035 times your **monthly** pay; Example: \$1,600 monthly earnings x .0035 = \$5.60 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 Rate²
	\$10,000	\$3.76
	\$20,000	\$7.12
	\$30,000	\$10.48
	\$40,000	\$13.84
	\$50,000	\$17.20

¹ General Government employees paid bi-weekly (26 pay periods) will have premiums deducted from 24 pay periods.

² 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.