

Monthly Benefit Premiums for July 1, 2020 - June 30, 2021

APT/Faculty Employee Benefit Plans

Employees may select any of the listed benefits independent of one another (i.e., Medical only, Dental only, Medical and Life only, etc). The employee will receive employer contribution(s) based on benefit(s) selected. Basic Term Life employer contribution is not applicable to Voluntary Group Life through PERA.

Medical Insurance

Kaiser Permanente

Kaiser HMO	Total Monthly Premium	Employer Medical Benefit Contribution	Employee Cost
Employee Only	\$ 552.15	\$ 456.15	\$ 96.00
Employee + Spouse	\$ 1214.73	\$ 810.73	\$ 404.00
Employee + Children	\$ 993.87	\$ 595.87	\$ 398.00
Employee + Family	\$ 1711.67	\$ 1264.67	\$ 447.00

Anthem Blue Cross and Blue Shield (Four plan options)

1. Anthem Blue Priority	Total Monthly Premium	Employer Medical Benefit Contribution	Employee Cost
Employee Only	\$ 752.95	\$ 637.95	\$ 115.00
Employee + Spouse	\$ 1656.74	\$ 1188.74	\$ 468.00
Employee + Children	\$ 1356.14	\$ 908.14	\$ 448.00
Employee + Family	\$ 2333.32	\$ 1802.32	\$ 531.00

2. Anthem HMO	Total Monthly Premium	Employer Medical Benefit Contribution	Employee Cost
Employee Only	\$ 861.57	\$ 630.57	\$ 231.00
Employee + Spouse	\$ 1895.68	\$ 1139.68	\$ 756.00
Employee + Children	\$ 1551.67	\$ 853.67	\$ 698.00
Employee + Family	\$ 2669.99	\$ 1782.99	\$ 887.00

3. Anthem HDHP	Total Monthly Premium	Employer Medical Benefit Contribution	Employee Cost
Employee Only	\$ 569.53	\$ 515.53	\$ 54.00
Employee + Spouse	\$ 1253.25	\$ 1055.25	\$ 198.00
Employee + Children	\$ 1025.97	\$ 842.97	\$ 183.00
Employee + Family	\$ 1764.81	\$ 1501.81	\$ 263.00

4. Anthem PPO	Total Monthly Premium	Employer Medical Benefit Contribution	Employee Cost
Employee Only	\$ 815.11	\$ 651.11	\$ 164.00
Employee + Spouse	\$ 1793.48	\$ 1217.48	\$ 576.00
Employee + Children	\$ 1468.04	\$ 931.04	\$ 537.00
Employee + Family	\$ 2525.98	\$ 1890.98	\$ 635.00

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Dental Insurance – Delta Dental (Two Plan Options)

Delta Dental	Total Monthly Premium	Employer Dental Benefit Contribution	Employee Cost
Option I: Employee Only	\$ 42.06	\$ 21.00	\$ 21.06
Option I: Employee + Family	\$ 94.65	\$ 25.00	\$ 69.65
Option II: Employee Only	\$ 23.70	\$ 21.00	\$ 2.70
Option II: Employee + Family	\$ 64.33	\$ 25.00	\$ 39.33

Vision Insurance – VSP

VSP	Employee Cost
Employee Only	\$ 8.09
Employee + One	\$ 14.56
Employee + Family	\$ 21.83

Basic Term Life/AD&D Insurance – Standard Life Insurance

Active Employee Premium	Total Monthly Premium	Employer Life Benefit Contribution	Employee Cost
May select 1x, 2x, or 3x annual salary to a maximum of \$300,000	\$.165 per \$1,000	\$ 8.25 (for first \$50,000 of coverage)	\$ 0 for first \$50,000; \$.165 per \$1,000 over \$50,000

NOTE: Retired Employee Premium is \$2.75 per \$1,000 (maximum 2x annual).

Basic Dependent Term Life Insurance – Standard Life Insurance

Spouse & Dependent Life	Employee Cost
\$5,000	\$ 1.96
\$10,000	\$ 3.92
\$20,000	\$ 7.84