

Health Plans – Premiums Per Pay Period

CARRIERS - BLUECROSS BLUESHIELD of ARIZONA and UNITEDHEALTHCARE offer both plans.					
	TRIPLE CHOICE PLAN		HIGH DEDUCTIBLE HEALTH PLAN with HEALTH SAVINGS ACCT		
	Employee	State	Employee	State	Agency HSA Contribution
Employee Only	\$26.17	\$351.96	\$10.15	\$237.66	\$27.69
Employee + Spouse	\$71.49	\$724.82	\$30.46	\$492.59	\$55.38
Employee + 1 Child	\$57.30	\$471.40	\$25.89	\$321.99	\$55.38
Family	\$121.61	\$820.71	\$56.35	\$548.80	\$55.38

Dental Plans – Premiums Per Pay Period

DHMO – UHC SOLSTICE S800B*		PPO – DELTA DENTAL
\$1.64 - Employee	*Coverage is not available in these states/territories: AK, AL, AR, DE, HI, IA, ID, LA, ME, MS, MT, ND, NE, NH, OK, RI, SD, VT, WV, WY, GU, USVI, and PR. Check to see if your provider is on the plan and see the plan coverage by visiting smilestateofaz.com . Use plan code S800B.	\$14.30- Employee
\$3.29 - Employee + Spouse		\$30.33 - Employee + Spouse
\$3.08 - Employee + 1 Child		\$23.34 - Employee + 1 Child
\$5.46 - Employee + Family		\$48.26 - Employee + Family

Vision Plan – Premiums Per Pay Period

AVESIS ADVANTAGE PROGRAM
\$1.72 - Employee
\$5.70 - Employee + Spouse
\$5.65 - Employee + 1 Child
\$7.11 - Employee + Family

Short Term Disability

MET LIFE	Payable Benefit	
	Weekly Minimum	Weekly Maximum
	\$67.32	\$897.43

Monthly premiums¹: are \$0.316 for every \$100 of your annual base pay, up to the first \$70,000. Premiums are by your bi-weekly pay period.

Calculate Per Pay Period Premium:

Step 1: (Annual Salary ÷ 100) x \$0.316 = Annual Premium

Step 2: Annual Premium ÷ 26 Pay Periods = Pay Period Premium

Example:

Step 1: (\$45,000 ÷ 100) = 450 x \$0.316 = \$142.20

Step 2: \$142.20 ÷ 26 = \$5.47 Pay Period Premium

¹ The total calculated premium may vary due to payroll rounding.

² Payable Benefit is reduced by 100% of any sick and annual leave paid on your paycheck after the benefit waiting period.

Supplemental Life And AD&D Insurance Premiums Per Pay Period*

Your Age	Cost per \$5,000
29 and under	\$0.14
30-34	\$0.16
35-39	\$0.17
40-44	\$0.28
45-49	\$0.36
50-54	\$0.57
55-59	\$0.82
60-64	\$1.44
65-69	\$1.44
70+	\$2.26

*The total calculated premium may vary due to payroll rounding.

Dependent Life And AD&D Insurance Premiums Per Pay Period¹

Coverage Amount	Per Pay Period
\$2,000	\$0.43
\$4,000	\$0.87
\$6,000	\$1.30
\$10,000	\$2.17
\$12,000	\$2.60
\$15,000	\$3.25
\$50,000 ²	\$10.85

¹The total calculated premium may vary due to payroll rounding.
²You must have combined basic & supplemental coverage of at least \$50,000; supplemental life elections must be at least \$35,000.