

City of Albuquerque

Biweekly Insurance Rates FY2025

July 1, 2024 - June 30, 2025

Medical Insurance	Employee pays 20% City pays 80%		
Blue Cross Blue Shield/UnitedHealthcare			
	Employee*	City	Total
Single	57.99	231.97	289.96
Couple	117.99	471.98	589.97
S/Parent	93.16	372.62	465.78
Family	170.29	681.17	851.46

Dental Insurance	Employee pays 20% City pays 80%		
Blue Cross Blue Shield Dental			
	Employee*	City	Total
Single	2.89	11.56	14.45
Couple	5.84	23.38	29.22
S/Parent	6.42	25.68	32.10
Family	8.69	34.76	43.45

Vision Insurance	Employee pays 20% City pays 80%		
Davis Vision			
	Employee*	City	Total
Single	0.38	1.52	1.90
Couple	0.76	3.04	3.80
S/Parent	0.81	3.25	4.06
Family	1.32	5.29	6.61

Legal Insurance	Employee Paid
ARAG Legal	Employee*
Single	7.92
Employee +1	9.87
Family	10.13

Short-Term Disability Insurance	Employee Paid
Mutual of Omaha	Weekly Benefit = 60% base salary
	Rate per \$10 of Weekly Benefit
	All Ages - BW Rate
	0.1482

Basic Life and AD&D	
Mutual of Omaha (100% Paid by the City equal to 140% of gross annual salary up to a maximum of \$50,000)	
Minimum	Maximum
\$25,000	\$50,000

Long-Term Disability Insurance	Employee Paid
Mutual of Omaha	Monthly Benefit = 60% base salary
	Rate per \$100 of BW Salary
Age	BW Rate*
<30	0.1006
30-39	0.1560
40-44	0.2058
45-49	0.2958
50-54	0.3854
55-59	0.4597
60+	0.4754

Voluntary Term Life	Employee Paid	
Mutual of Omaha	Biweekly Rates Per \$1,000	
Age	Smoker	Non Smoker
<30	0.0494	0.0212
30-34	0.0632	0.0291
35-39	0.1048	0.0498
40-44	0.1472	0.0771
45-49	0.2769	0.1532
50-54	0.4182	0.2298
55-59	0.6115	0.3337
60-64	0.7777	0.4311
65-69	1.1511	0.6452
70-74	2.1974	1.2198
75+	3.4117	1.8988

Accident Insurance	Employee Paid
The Hartford	BW Rates*
Single	2.85
Couple	4.48
S/Parent	4.86
Family	7.60

Mutual of Omaha Dependent Child Term Life	
Coverage	BW Rate
\$2,500	0.28
\$5,000	0.55
\$7,500	0.83
\$10,000	1.10

Critical Illness Insurance	Employee Paid	
Benefit Amount	\$15,000	\$30,000
Single	7.39	14.46
Couple	11.43	22.21
S/Parent	8.35	16.12
Family	12.55	24.15

Flexible Spending Account	
P&A (medical, dependent care, parking or transit fee)	
\$2.65	City Paid Monthly Flex and Debit Card

* Biweekly = monthly times 12 divided by 26