

City of Albuquerque

Biweekly Insurance Rates FY2024

July 1, 2023 - June 30, 2024

Medical Insurance		Employee pays 20% City pays 80%	
Presbyterian My Care Health Plan			
	Employee*	City	Total
Single	56.03	224.12	280.15
Couple	114.00	456.02	570.02
S/Parent	90.00	360.02	450.02
Family	164.53	658.13	822.66

Dental Insurance		Employee pays 20% City pays 80%	
Delta Dental			
	Employee*	City	Total
Single	2.98	11.91	14.89
Couple	6.02	24.10	30.12
S/Parent	6.62	26.47	33.09
Family	8.96	35.84	44.80

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	0.0429	0.0185	
30-34	0.0549	0.0254	
35-39	0.0909	0.0434	
40-44	0.1278	0.0669	
45-49	0.2409	0.1334	
50-54	0.3637	0.1998	
55-59	0.5317	0.2903	
60-64	0.6762	0.3748	
65-69	1.0011	0.5612	
70-74	1.9108	1.0606	
75+	2.9668	1.6509	

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	0.24
\$5,000	0.48
\$7,500	0.72
\$10,000	0.96

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