



City of Memphis 2020 Benefits Rate Sheet



(Active and Part Time Employees*)

***Part time employees are not eligible for medical, dental, vision and Lincoln's Voluntary Life plans**

Medical Insurance – BCBST (24 Deductions) *Part-time employees are not eligible for this coverage				
	Employee	EE + Spouse	EE + Child(ren)	EE + Family
Select Plan	\$47.50	\$104.50	\$85.50	\$142.50
Choice Plan	\$72.00	\$163.50	\$130.00	\$239.50

Dental Insurance – MetLife (24 Deductions) *Part-time employees are not eligible for this coverage				
	Employee	EE + 1 Dependent	EE + Family	
Premier Plan	\$10.20	\$20.98	\$30.53	

Vision Insurance – BCBST (24 Deductions) *Part-time employees are not eligible for this coverage				
	Employee	EE + 1 Dependent	EE + Family	
Exams and Materials	\$1.94	\$3.71	\$6.73	

Cancer Assist – Colonial Life (24 Deductions)				
	Employee	EE + Spouse	EE + Child(ren)	EE + Family
Level 3 with \$50 H/S	\$11.45	\$19.28	\$11.68	\$19.50
Level 4 with \$50 H/S	\$15.93	\$26.78	\$16.23	\$27.08
Specified Disease	\$0.63	\$0.88	\$0.63	\$0.88
Initial Diagnosis (Per \$1000)	\$0.75	\$1.25	\$0.80	\$1.30
Progressive Payment	\$3.90	\$8.53	\$3.90	\$8.53

Critical Illness (Specified Disease) – Sample Rates per \$1,000 – Colonial Life (24 Deductions)								
Age	Employee		EE + Spouse		EE + Child(ren)		EE + Family	
	Non	T	Non	T	Non	T	Non	T
17-24	\$0.12	\$0.17	\$0.18	\$0.26	\$0.12	\$0.17	\$0.18	\$0.26
25-29	\$0.16	\$0.24	\$0.24	\$0.36	\$0.16	\$0.24	\$0.24	\$0.36
30-34	\$0.20	\$0.32	\$0.31	\$0.50	\$0.20	\$0.32	\$0.31	\$0.50
35-39	\$0.32	\$0.49	\$0.49	\$0.75	\$0.32	\$0.49	\$0.49	\$0.75
40-44	\$0.40	\$0.66	\$0.61	\$1.02	\$0.40	\$0.66	\$0.61	\$1.02
45-49	\$0.55	\$0.88	\$0.84	\$1.35	\$0.55	\$0.88	\$0.84	\$1.35
50-54	\$0.73	\$1.14	\$1.12	\$1.74	\$0.73	\$1.14	\$1.12	\$1.74
55-59	\$0.92	\$1.47	\$1.41	\$2.26	\$0.92	\$1.47	\$1.41	\$2.26
60-64	\$1.17	\$1.79	\$1.79	\$2.75	\$1.17	\$1.79	\$1.79	\$2.75
65-70	\$1.34	\$2.06	\$2.05	\$3.17	\$1.34	\$2.06	\$2.05	\$3.17

Group Accident Insurance – Colonial Life (24 Deductions)				
	Employee	EE + Spouse	EE + Child(ren)	EE + Family
Plan 2	\$9.75	\$16.46	\$17.18	\$23.88
Plan 3	\$13.92	\$23.18	\$23.93	\$33.20

Group Medical Bridge – Colonial Life (24 Deductions)

	Employee	EE + Spouse	EE + Child(ren)	EE + Family
\$500 Benefit	\$10.14	\$19.81	\$15.52	\$25.29
\$1,000 Benefit	\$12.91	\$25.36	\$19.30	\$31.74

First Responders Protection – Colonial Life (24 Deductions)

	Age 17-64		
\$5,000 Benefit	\$2.50		

Term Life – \$25,000 10 Year Term Policy Sample Rate – Colonial Life (24 Deductions)

Age	Non-Tobacco	Tobacco	
25	\$3.42	\$4.18	
30	\$3.42	\$4.18	
35	\$3.42	\$4.71	
40	\$4.08	\$6.35	
45	\$5.11	\$9.35	
50	\$6.78	\$14.62	
55	\$9.29	\$22.15	
66	\$14.06	\$32.20	

Voluntary Life Insurance – Lincoln ***Part-time employees are not eligible for this coverage**

Employee Voluntary Life Premiums

Age	Semi-Monthly Rate per \$1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<30	0.030	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
30-34	0.035	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3.15	\$3.50
35-39	0.045	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
40-44	0.075	\$0.75	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50	\$5.25	\$6.00	\$6.75	\$7.50
45-49	0.130	\$1.30	\$2.60	\$3.90	\$5.20	\$6.50	\$7.80	\$9.10	\$10.40	\$11.70	\$13.00
50-54	0.190	\$1.90	\$3.80	\$5.70	\$7.60	\$9.50	\$11.40	\$13.30	\$15.20	\$17.10	\$19.00
55-59	0.285	\$2.85	\$5.70	\$8.55	\$11.40	\$14.25	\$17.10	\$19.95	\$22.80	\$25.65	\$28.50
60-64	0.470	\$4.70	\$9.40	\$14.10	\$18.80	\$23.50	\$28.20	\$32.90	\$37.60	\$42.30	\$47.00

Spouse Voluntary Life Premiums

<30	0.030	\$0.15	\$0.30	\$0.45	\$0.60	\$0.75	\$0.90	\$1.05	\$1.20	\$1.35	\$1.50
30-34	0.035	\$0.18	\$0.35	\$0.53	\$0.70	\$0.88	\$1.05	\$1.23	\$1.40	\$1.58	\$1.75
35-39	0.045	\$0.23	\$0.45	\$0.68	\$0.90	\$1.13	\$1.35	\$1.58	\$1.80	\$2.03	\$2.25
40-44	0.075	\$0.38	\$0.75	\$1.13	\$1.50	\$1.88	\$2.25	\$2.63	\$3.00	\$3.38	\$3.75
45-49	0.130	\$0.65	\$1.30	\$1.95	\$2.60	\$3.25	\$3.90	\$4.55	\$5.20	\$5.85	\$6.50
50-54	0.190	\$0.95	\$1.90	\$2.85	\$3.80	\$4.75	\$5.70	\$6.65	\$7.60	\$8.55	\$9.50
55-59	0.285	\$1.43	\$2.85	\$4.28	\$5.70	\$7.13	\$8.55	\$9.98	\$11.40	\$12.83	\$14.25
60-64	0.470	\$2.35	\$4.70	\$7.05	\$9.40	\$11.75	\$14.10	\$16.45	\$18.80	\$21.15	\$23.50

Short Term Disability – Standard (24 Deductions) ***Part-time employees are only eligible for the 50% plan**

% of Weekly Pay	50%	60%	70%
Cost per \$10	\$0.22	\$0.22	\$0.23

Legal Insurance – ARAG (24 Deductions)

Family Coverage	\$7.25		
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