



City of Memphis 2020 Benefits Rate Sheet

(Line of Duty Retired Employees)



Medical Insurance – BCBST (24 Deductions)								
	Retiree		Retiree + Spouse		Retiree + Child(ren)		Retiree + Family	
Select Plan		\$107.86		\$213.50		\$213.50		\$213.50
Choice Plan		\$118.00		\$234.36		\$234.36		\$234.36

Dental Insurance – MetLife (24 Deductions)						
	Retiree		Retiree + 1 Dependent		Retiree + Family	
Premier Plan		\$10.20		\$20.98		\$30.53

Vision Insurance – BCBST (24 Deductions)						
	Retiree		Retiree + 1 Dependent		Retiree+ Family	
Exams and Materials		\$1.94		\$3.71		\$6.73

Cancer Assist – Colonial Life (24 Deductions)								
	Retiree		Retiree + Spouse		Retiree + Child(ren)		Retiree + 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	Retiree		Retiree + Spouse		Retiree + Child(ren)		Retiree + 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)								
	Retiree		Retiree + Spouse		Retiree + Child(ren)		Retiree + 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)

	Retiree	Retiree + Spouse	Retiree + Child(ren)	Retiree + 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

Voluntary Life Premiums

Age	Semi-Monthly Rater 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

Legal Insurance – ARAG (24 Deductions)

Family Coverage	\$7.25		
------------------------	--------	--	--