



City of Memphis 2021 Benefits Rate Sheet

(Active and Part Time Employees*)

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

A Spousal Surcharge of \$100/month may be applied for Commissioned Police and Fire, Communication Operations and Dispatchers, and Paramedic**

** (Note: Refer to the Open Enrollment Booklet and FAQ's for additional information)

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	\$82.00	\$186.00	\$148.00	\$273.00

Dental Insurance – BCBST (24 Deductions) *Part-time employees are not eligible for this coverage				
	Employee	EE + 1 Dependent	EE + Family	
Premier Plan	\$10.24	\$21.08	\$30.67	

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	

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

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

Short Term Disability – Standard (24 Deductions) *Part-time employees are <u>only</u> eligible for the 50% plan				
% of Weekly Pay	50%	60%	70%	
Cost per \$10	\$0.22	\$0.22	\$0.22	

Legal Insurance – ARAG (24 Deductions)				
Family Coverage	\$7.25			