



City of Memphis 2023 Benefits Rate Sheet

(Full Time Employees)



Medical insurance – BCBST (24 deductions)

	Employee	EE + Spouse	EE + Child(ren)	EE + Family
Select Plan	\$47.50	\$104.50	\$85.50	\$142.50
Choice Plan	\$94.50	\$214.50	\$170.50	\$314.50

Dental insurance – BCBST (24 deductions)

	Employee	EE + 1 Dependent	EE + Family
Premier Plan	\$10.25	\$21.08	\$30.67

Vision insurance – BCBST (24 deductions)

	Employee	EE + 1 Dependent	EE + Family
Exam and materials	\$1.94	\$3.71	\$6.73

Voluntary Life Insurance – The Standard

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 – The Standard (24 deductions)

% of Weekly Pay	50%	60%	70%
Cost per \$10	\$0.16	\$0.16	\$0.16

Legal insurance – ARAG (24 deductions)

Family Coverage	\$7.25
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