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# Health, Dental, Vision, Life, and Disability Insurance Rate Guide

Plan year 2025

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## Instructions

Follow the directions below and use this Guide to find the health and dental insurance premiums for your employees. Each section lists the rate broken down by semi-monthly and monthly cost. In most cases you will want to know the semi-monthly rate. (For IBU's: We will bill you the monthly rate.)

### Health Rates

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1. Select the Bargaining Unit and Union Code and the appropriate Employment Condition for employee from the Health Coverages by Bargaining Unit chart.

What page number is indicated for that bargaining unit and employment condition?

\_\_\_\_\_

2. Go to the letter/page indicated for that bargaining and employment condition. This will give you the exact rate for that employee.

### Dental Rates

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1. Select the Bargaining Unit and the appropriate Employment Condition for employee from the Dental Coverages by Bargaining Unit chart.

What page number is indicated for that bargaining unit and employment condition?

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2. Go to the letter/page indicated for that bargaining and employment condition. This will give you the exact rate for that employee.

This chart shows the Employer (ER) contribution by Bargaining Unit and (union code).

## Health Coverages by Union Code (A)

## Dental Coverages by Union Code (B)

### 201 (LEA) Law Enforcement

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Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Insurance eligible - no ER contribution	A4	B4
<i>Note: No part-time employer contribution</i>	na	na

### 202 (AFS) Craft, Maintenance & Labor

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Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

### 203 (AFS) Service

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Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

### 204 (AFS) Health Care Non-Professional

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Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

### 205 (MNA) Nurses

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Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

## 206 (AFS) Clerical

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

## 207 (AFS) Technical

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

## 208 (AFS) Correctional Guards

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

## 209 (IFO) State University Faculty

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

## 210 (MSC) MN State College Faculty

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A3	B3
Insurance eligible - no ER contribution	A4	B4

## 211 (MSU) State University—Administrative and Service Faculty

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

## 212 (GEC) Minnesota Government Engineering Council

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Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

## 213 (UNR) Health Treatment Professional—Commissioner’s Plan

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Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

## 214 (MAP) Minnesota Association of Professional Employees

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Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A3	B3
Insurance eligible - no ER contribution	A4	B4

## 215 (SRS) Professional State Residential Instructor

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Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

## 216 (MMA) Middle Management Association

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Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

## 217 (UNR) Commissioner’s Plan

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Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**219 (UNR) Not in Unit—Severed MS179**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**220 (UNR) Excluded Managerial Plan**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**221 (UNR) Excluded—All other**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**222 (UNR) Agency Exclusive**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**223 (UNR) Unclassified**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**225 (AFS) Public Safety Radio Operator**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

## **227 (LELS) Unit 17 Public Safety Radio Control Operator**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

## **228 (LELS) Unit 18 Licensed Peace Offices Special Unit**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

## **229 (LELS) Unit 19 Licensed Peace Officer Leader**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

## **300 (MTP) Public Defense Assistant Attorney**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

## **301 (MTP) Public Defense Support Staff**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

## **308 (UNR) Public Defense/Unrepresented Personnel**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4



### **309 (UNR) Public Defense/Unrepresented Managers**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

### **330 (A65) Judicial – AFSCME 65 Clerical/Technical**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

### **331 (MTP) Judicial – Teamsters Clerical/Technical**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

### **332 (JCR) Courts – Teamsters 320/Court Reporters**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

### **334 (A14) Courts – Teamsters AFSCME Council 14**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

### **(Z01-Z27) IBU's**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

Note: See plan covering employee for appropriate employer contribution for part-time employees.

## **Section A**

### **2025 Minnesota Advantage Health Plan Rates**

## 2025 Minnesota Advantage Health Plans

### Full Employer Contribution

All Union Codes/Bargaining Units

The Minnesota Advantage Health Plan is one plan serviced by two plan administrators – Blue Cross and Blue Shield of Minnesota and HealthPartners. The rate is the same no matter which plan administrator is selected.

There are two coverage options:

- **Employee coverage:** covers the employee only (single coverage).
- **Family coverage:** covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

#### Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$41.84	\$794.92	\$836.76	\$243.58	\$1,380.32	\$1,623.90	\$285.42	\$2,175.24	\$2,460.66

#### Semi-Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$20.92	\$397.46	\$418.38	\$121.79	\$690.16	\$811.95	\$142.71	\$1,087.62	\$1,230.33

#### How much do I pay to cover dependents?

You must choose family coverage to cover a spouse and/or dependents in addition to yourself. The family rate is the same regardless of how many dependents you cover. The following example shows the monthly rate an employee pays for family coverage:

Employee Rate +	Dependent Rate =	Family Rate
\$41.84	\$243.58	\$285.42

Dependent rates are shown for informational purposes only.

## 2025 Minnesota Advantage Health Plans

### 75% Employer Contribution

Union Codes: AFS, A14, A65, GEC, IFO, JCR, MMA, MNA, MSU, MTP, SRS, UNR, Z01-Z27

The Minnesota Advantage Health Plan is one plan serviced by two plan administrators – Blue Cross and Blue Shield of Minnesota and HealthPartners. The rate is the same no matter which plan administrator is selected.

There are two coverage options:

- **Employee coverage:** covers the employee only (single coverage).
- **Family coverage:** covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

#### Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$240.56	\$596.20	\$836.76	\$588.66	\$1,035.24	\$1,623.90	\$829.22	\$1,631.44	\$2,460.66

#### Semi-Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$120.28	\$298.10	\$418.38	\$294.33	\$517.62	\$811.95	\$414.61	\$815.72	\$1,230.33

#### How much do I pay to cover dependents?

You must choose family coverage to cover a spouse and/or dependents in addition to yourself. The family rate is the same regardless of how many dependents you cover. The following example shows the monthly rate an employee pays for family coverage:

Employee Rate +	Dependent Rate =	Family Rate
\$240.56	\$588.66	\$829.22

Dependent rates are shown for informational purposes only.

## 2025 Minnesota Advantage Health Plans

### 50% Employer Contribution

Union Codes: MAP, MSC

The Minnesota Advantage Health Plan is one plan serviced by two plan administrators – Blue Cross and Blue Shield of Minnesota and HealthPartners. The rate is the same no matter which plan administrator is selected.

There are two coverage options:

- **Employee coverage:** covers the employee only (single coverage).
- **Family coverage:** covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

#### Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$439.30	\$397.46	\$836.76	\$933.74	\$690.16	\$1,623.90	\$1,373.04	\$1,087.62	\$2,460.66

#### Semi-Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$219.65	\$198.73	\$418.38	\$466.87	\$345.08	\$811.95	\$686.52	\$543.81	\$1,230.33

#### How much do I pay to cover dependents?

You must choose family coverage to cover a spouse and/or dependents in addition to yourself. The family rate is the same regardless of how many dependents you cover. The following example shows the monthly rate an employee pays for family coverage:

$$\begin{array}{rcl}
 \text{Employee Rate} + & \text{Dependent Rate} = & \text{Family Rate} \\
 \$439.30 & \$933.74 & \$1,373.04
 \end{array}$$

Dependent rates are shown for informational purposes only.

## 2025 Minnesota Advantage Health Plans

### 0% Employer Contribution

The Minnesota Advantage Health Plan is one plan serviced by two plan administrators – Blue Cross and Blue Shield of Minnesota and HealthPartners. The rate is the same no matter which plan administrator is selected.

There are two coverage options:

- **Employee coverage:** covers the employee only as single coverage.
- **Family coverage:** covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

#### Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$836.76	\$0	\$836.76	\$1,623.90	\$0	\$1,623.90	\$2,460.66	\$0	\$2,460.66

#### Semi-Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$418.38	\$0	\$418.38	\$811.95	\$0	\$811.95	\$1,230.33	\$0	\$1,230.33

#### How much do I pay to cover dependents?

You must choose family coverage to cover a spouse and/or dependents in addition to yourself. The family rate is the same regardless of how many dependents you cover. The following example shows the monthly rate an employee pays for family coverage:

Employee Rate +	Dependent Rate =	Family Rate
\$836.76	\$1,623.90	\$2,460.66

Dependent rates are shown for informational purposes only.

## **Section B**

### **2025 State Dental Plan Rates**

## 2025 State Dental Plan

### Full Employer Contribution

The State Dental Plan is one plan serviced by two plan administrators – Delta Dental – Group 216 and HealthPartners. The rate is the same no matter which plan administrator is selected.

There are two coverage options:

- **Employee coverage:** covers the employee only as single coverage.
- **Family coverage:** covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

#### Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$13.80	\$32.24	\$46.04	\$45.10	\$45.10	\$90.20	\$58.90	\$77.34	\$136.24

#### Semi-Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$6.90	\$16.12	\$23.02	\$22.55	\$22.55	\$45.10	\$29.45	\$38.67	\$68.12

#### How much do I pay to cover dependents?

You must choose family coverage to cover a spouse and/or dependents in addition to yourself. The family rate is the same regardless of how many dependents you cover. The following example shows the monthly rate an employee pays for family coverage:

Employee Rate +	Dependent Rate =	Family Rate
\$13.80	\$45.10	\$58.90

Dependent rates are shown for informational purposes only.



## 2025 State Dental Plan

### 75% Employer Contribution

The State Dental Plan is one plan serviced by two plan administrators – Delta Dental – Group 216 and HealthPartners. The rate is the same no matter which plan administrator is selected.

There are two coverage options:

- **Employee coverage:** covers the employee only as single coverage.
- **Family coverage:** covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

#### Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$21.86	\$24.18	\$46.04	\$56.38	\$33.82	\$90.20	\$78.24	\$58.00	\$136.24

#### Semi-Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$10.93	\$12.09	\$23.02	\$28.19	\$16.91	\$45.10	\$39.12	\$29.00	\$68.12

#### How much do I pay to cover dependents?

You must choose family coverage to cover a spouse and/or dependents in addition to yourself. The family rate is the same regardless of how many dependents you cover. The following example shows the monthly rate an employee pays for family coverage:

Employee Rate +	Dependent Rate =	Family Rate
\$21.86	\$56.38	\$78.24

Dependent rates are shown for informational purposes only.

## 2025 State Dental Plan

### 50% Employer Contribution

The State Dental Plan is one plan serviced by two plan administrators – Delta Dental – Group 216 and HealthPartners. The rate is the same no matter which plan administrator is selected.

There are two coverage options:

- **Employee coverage:** covers the employee only as single coverage.
- **Family coverage:** covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

#### Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$29.92	\$16.12	\$46.04	\$67.64	\$22.56	\$90.20	\$97.56	\$38.68	\$136.24

#### Semi-Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$14.96	\$8.06	\$23.02	\$33.82	\$11.28	\$45.10	\$48.78	\$19.34	\$68.12

#### How much do I pay to cover dependents?

You must choose family coverage to cover a spouse and/or dependents in addition to yourself. The family rate is the same regardless of how many dependents you cover. The following example shows the monthly rate an employee pays for family coverage:

Employee Rate +	Dependent Rate =	Family Rate
\$29.92	\$67.64	\$97.56

Dependent rates are shown for informational purposes only.

## 2025 State Dental Plan

### 0% Employer Contribution

The State Dental Plan is one plan serviced by two plan administrators – Delta Dental – Group 216 and HealthPartners. The rate is the same no matter which plan administrator is selected.

There are two coverage options:

- **Employee coverage:** covers the employee only as single coverage.
- **Family coverage:** covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

#### Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$46.04	\$0	\$46.04	\$90.20	\$0	\$90.20	\$136.24	\$0	\$136.24

#### Semi-Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$23.02	\$0	\$23.02	\$45.10	\$0	\$45.10	\$68.12	\$0	\$68.12

#### How much do I pay to cover dependents?

You must choose family coverage to cover a spouse and/or dependents in addition to yourself. The family rate is the same regardless of how many dependents you cover. The following example shows the monthly rate an employee pays for family coverage:

Employee Rate +	Dependent Rate =	Family Rate
\$46.04	\$90.20	\$136.24

Dependent rates are shown for informational purposes only.

**2025 Vision Plan Rates**

## 2025 Vision Plan Rates

Employee Cost	Monthly	Semi-monthly
Single Coverage	\$4.18	\$2.09
Family Coverage	\$11.98	\$5.99

## **2025 Life Plan Rates**

## 2025 Life Insurance Plan Rates

### Basic Life Insurance

#### Monthly Rates

LIFE PLAN	Total	State	Employee
Basic Employee Life — MMLB	\$12.90	\$12.90	\$0.00
Manager's Life – 2.0 X — MLMB	\$60.96	\$60.96	\$0.00
Manager's Life – 1.5 X — MLMA	\$42.56	\$42.56	\$0.00

#### Semi-Monthly Rates

LIFE PLAN	Total	State	Employee
Basic Employee Life — MMLB	\$6.45	\$6.45	\$0.00
Manager's Life – 2.0 X — MLMB	\$30.48	\$30.48	\$0.00
Manager's Life – 1.5 X — MLMA	\$21.28	\$21.28	\$0.00

### Optional Employee or Spouse Life Insurance

Cost per \$5,000 in Coverage.

Age of Employee or Spouse	MONTHLY	SEMI-MONTHLY
under age 30	\$0.30	\$0.15
age 30 - 34	\$0.40	\$0.20
age 35 - 39	\$0.46	\$0.23
age 40 - 44	\$0.50	\$0.25
age 45 - 49	\$0.86	\$0.43
age 50 - 54	\$1.56	\$0.78
age 55 - 59	\$2.46	\$1.23
age 60 - 64	\$4.06	\$2.03
age 65 - 69	\$6.50	\$3.25
age 70 – 74	\$10.50	\$5.25
age 75 – 79	\$17.00	\$8.50
age 80 – 84	\$27.50	\$13.75
age 85 – 89	\$55.06	\$27.53

### Child Life Insurance

Cost per policy. One policy covers all dependents.

Coverage Amount	MONTHLY	SEMI-MONTHLY
\$10,000	\$0.84	\$0.42

### Accidental Death and Dismemberment Insurance

Cost per \$5,000 in Coverage.

MONTHLY	SEMI-MONTHLY
\$0.16	\$0.08

## **2025 Disability Plan Rates**



**2025 Disability Plans**  
**Short-Term Disability Insurance**

monthly benefit	monthly	semi -monthly
\$300	\$3.96	\$1.98
\$400	\$5.28	\$2.64
\$500	\$6.60	\$3.30
\$600	\$7.92	\$3.96
\$700	\$9.24	\$4.62
\$800	\$10.56	\$5.28
\$900	\$11.88	\$5.94
\$1,000	\$13.20	\$6.60
\$1,100	\$14.52	\$7.26
\$1,200	\$15.84	\$7.92
\$1,300	\$17.16	\$8.58
\$1,400	\$18.48	\$9.24
\$1,500	\$19.80	\$9.90
\$1,600	\$21.12	\$10.56
\$1,700	\$22.44	\$11.22
\$1,800	\$23.76	\$11.88
\$1,900	\$25.08	\$12.54
\$2,000	\$26.40	\$13.20
\$2,100	\$27.72	\$13.86
\$2,200	\$29.04	\$14.52
\$2,300	\$30.36	\$15.18
\$2,400	\$31.68	\$15.84
\$2,500	\$33.00	\$16.50
\$2,600	\$34.32	\$17.16
\$2,700	\$35.64	\$17.82
\$2,800	\$36.96	\$18.48
\$2,900	\$38.28	\$19.14
\$3,000	\$39.60	\$19.80
\$3,100	\$40.92	\$20.46
\$3,200	\$42.24	\$21.12
\$3,300	\$43.56	\$21.78
\$3,400	\$44.88	\$22.44
\$3,500	\$46.20	\$23.10
\$3,600	\$47.52	\$23.76
\$3,700	\$48.84	\$24.42
\$3,800	\$50.16	\$25.08
\$3,900	\$51.48	\$25.74
\$4,000	\$52.80	\$26.40
\$4,100	\$54.12	\$27.06
\$4,200	\$55.44	\$27.72
\$4,300	\$56.76	\$28.38
\$4,400	\$58.08	\$29.04
\$4,500	\$59.40	\$29.70
\$4,600	\$60.72	\$30.36
\$4,700	\$62.04	\$31.02
\$4,800	\$63.36	\$31.68
\$4,900	\$64.68	\$32.34
\$5,000	\$66.00	\$33.00

You may enroll in short-term disability in amounts up to 2/3 of your gross monthly salary.

## 2025 Disability Plans

### Long-term disability insurance

gross annual	max monthly benefit from all sources	max monthly benefit payable	monthly cost	semi monthly cost
\$6,001 - \$6,500	\$300	\$300	\$1.44	\$.72
\$6,501 - \$7,000	\$350	\$350	\$1.68	\$.84
\$7,001 - \$8,000	\$400	\$400	\$1.92	\$.96
\$8,001 - \$9,000	\$450	\$450	\$2.16	\$1.08
\$9,001 - \$10,000	\$500	\$500	\$2.40	\$1.20
\$10,001 - \$11,000	\$550	\$550	\$2.64	\$1.32
\$11,001 - \$12,000	\$600	\$600	\$2.88	\$1.44
\$12,001 - \$12,500	\$650	\$650	\$3.12	\$1.56
\$12,501 - \$13,000	\$700	\$700	\$3.36	\$1.68
\$13,001 - \$14,000	\$750	\$750	\$3.60	\$1.80
\$14,001 - \$15,000	\$800	\$800	\$3.84	\$1.92
\$15,001 - \$16,000	\$850	\$850	\$4.08	\$2.04
\$16,001 - \$18,000	\$900	\$900	\$4.32	\$2.16
\$18,001 - \$19,000	\$950	\$950	\$4.56	\$2.28
\$19,001 - \$20,000	\$1,000	\$1,000	\$4.80	\$2.40
\$20,001 - \$22,000	\$1,100	\$1,100	\$5.28	\$2.64
\$22,001 - \$24,000	\$1,200	\$1,200	\$5.76	\$2.88
\$24,001 - \$26,000	\$1,300	\$1,300	\$6.24	\$3.12
\$26,001 - \$28,000	\$1,400	\$1,400	\$6.72	\$3.36
\$28,001 - \$30,000	\$1,500	\$1,500	\$7.20	\$3.60
\$30,001 - \$32,000	\$1,600	\$1,600	\$7.68	\$3.84
\$32,001 - \$34,000	\$1,700	\$1,700	\$8.16	\$4.08
\$34,001 - \$36,000	\$1,800	\$1,800	\$8.64	\$4.32
\$36,001 - \$38,000	\$1,900	\$1,900	\$9.12	\$4.56
\$38,001 - \$40,000	\$2,000	\$2,000	\$9.60	\$4.80
\$40,001 - \$42,000	\$2,100	\$2,100	\$10.08	\$5.04
\$42,001 - \$44,000	\$2,200	\$2,200	\$10.56	\$5.28
\$44,001 - \$46,000	\$2,300	\$2,300	\$11.04	\$5.52
\$46,001 - \$48,000	\$2,400	\$2,400	\$11.52	\$5.76
\$48,001 - \$50,000	\$2,500	\$2,500	\$12.00	\$6.00
\$50,001 - \$52,000	\$2,600	\$2,600	\$12.48	\$6.24
\$52,001 - \$54,000	\$2,700	\$2,700	\$12.96	\$6.48
\$54,001 - \$56,000	\$2,800	\$2,800	\$13.44	\$6.72
\$56,001 - \$58,000	\$2,900	\$2,900	\$13.92	\$6.96
\$58,001 - \$60,000	\$3,000	\$3,000	\$14.40	\$7.20
\$60,001 - \$61,000	\$3,100	\$3,100	\$14.88	\$7.44
\$61,001 - \$62,000	\$3,200	\$3,200	\$15.36	\$7.68
\$62,001 - \$63,000	\$3,300	\$3,300	\$15.84	\$7.92

<b>gross annual</b>	<b>max monthly benefit from all sources</b>	<b>max monthly benefit payable</b>	<b>monthly cost</b>	<b>semi monthly cost</b>
\$63,001 - \$64,000	\$3,400	\$3,400	\$16.32	\$8.16
\$64,001 - \$65,000	\$3,500	\$3,500	\$16.80	\$8.40
\$65,001 - \$67,000	\$3,600	\$3,600	\$17.28	\$8.64
\$67,001 - \$69,000	\$3,700	\$3,700	\$17.76	\$8.88
\$69,001 - \$71,500	\$3,800	\$3,800	\$18.24	\$9.12
\$71,501 - \$73,000	\$3,900	\$3,900	\$18.72	\$9.36
\$73,001 - \$75,000	\$4,000	\$4,000	\$19.20	\$9.60
\$75,001 - \$77,000	\$4,100	\$4,100	\$19.68	\$9.84
\$77,001 - \$79,000	\$4,200	\$4,200	\$20.16	\$10.08
\$79,001 - \$81,000	\$4,300	\$4,300	\$20.64	\$10.32
\$81,001 - \$83,000	\$4,400	\$4,400	\$21.12	\$10.56
\$83,001 - \$85,000	\$4,500	\$4,500	\$21.60	\$10.80
\$85,001 - \$87,000	\$4,600	\$4,600	\$22.08	\$11.04
\$87,001 - \$89,000	\$4,700	\$4,700	\$22.56	\$11.28
\$89,001 - \$91,000	\$4,800	\$4,800	\$23.04	\$11.52
\$91,001 - \$93,000	\$4,900	\$4,900	\$23.52	\$11.76
\$93,001 - \$96,000	\$5,000	\$5,000	\$24.00	\$12.00
\$96,001 - \$98,000	\$5,100	\$5,100	\$24.48	\$12.24
\$98,001 - \$100,000	\$5,200	\$5,200	\$24.96	\$12.48
\$100,001 - \$102,000	\$5,300	\$5,300	\$25.44	\$12.72
\$102,001 - \$104,000	\$5,400	\$5,400	\$25.92	\$12.96
\$104,001 - \$106,000	\$5,500	\$5,500	\$26.40	\$13.20
\$106,001 - \$108,000	\$5,600	\$5,600	\$26.88	\$13.44
\$108,001 - \$110,000	\$5,700	\$5,700	\$27.36	\$13.68
\$110,001 - \$112,000	\$5,800	\$5,800	\$27.84	\$13.92
\$112,001 - \$114,000	\$5,900	\$5,900	\$28.32	\$14.16
\$114,001 - \$116,000	\$6,000	\$6,000	\$28.80	\$14.40
\$116,001 - \$118,000	\$6,100	\$6,100	\$29.28	\$14.64
\$118,001 - \$120,000	\$6,200	\$6,200	\$29.76	\$14.88
\$120,001 - \$122,000	\$6,300	\$6,300	\$30.24	\$15.12
\$122,001 - \$124,000	\$6,400	\$6,400	\$30.72	\$15.36
\$124,001 - \$126,000	\$6,500	\$6,500	\$31.20	\$15.60
\$126,001 - \$128,000	\$6,600	\$6,600	\$31.68	\$15.84
\$128,001 - \$130,000	\$6,700	\$6,700	\$32.16	\$16.08
\$130,001 - \$132,000	\$6,800	\$6,800	\$32.64	\$16.32
\$132,001 - \$133,500	\$6,900	\$6,900	\$33.12	\$16.56
\$133,501 - \$135,500	\$7,000	\$7,000	\$33.60	\$16.80

The maximum benefit from all sources is the most you can expect to receive from all sources of disability income, including but not limited to, state disability retirement, workers' compensation, Social Security, and any other income you may receive.

## 2025 Disability Plans

### Manager's Long-Term Disability Insurance

Monthly amount – Per \$100 Monthly Salary

#### Manager's IPP Plan A

Plan A elimination period	Total	State	Employee
150 Day	\$0.18	\$0.18	\$0.00
120 Day	\$0.20	\$0.18	\$0.02
90 Day	\$0.22	\$0.18	\$0.04
60 Day	\$0.26	\$0.18	\$0.08
30 Day	\$0.28	\$0.18	\$0.10

Plan A = life insurance equals 1 ½ x salary

#### Manager's IPP Plan B

Plan B elimination period	Total	State	Employee
150 Day	\$0.18	\$0.00	\$0.18
120 Day	\$0.20	\$0.00	\$0.20
90 Day	\$0.22	\$0.00	\$0.22
60 Day	\$0.26	\$0.00	\$0.26
30 Day	\$0.28	\$0.00	\$0.28

Plan B = life insurance equals 2x salary