
Health, Dental, Life, and Disability Insurance Rate Guide

Plan year 2020

Table of Contents

Instructions	1
Health Coverages by Union Code (A).....	2
Dental Coverages by Union Code (B).....	2
Availability by county.....	8
2020 Health Plan Rates.....	9
2020 Dental Plan Rates.....	14
2020 Life Plan Rates.....	18
2020 Disability Plan Rates.....	19

Instructions

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

Health Rates

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

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

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

Dental Rates

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

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

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

2020

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

Employment Condition	Health Section	Dental Section
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

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

203 (AFS) Service

Employment Condition	Health Section	Dental Section
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

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

205 (MNA) Nurses

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

206 (AFS) Clerical

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

207 (AFS) Technical

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

208 (AFS) Correctional Guards

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

209 (IFO) State University Faculty

Employment Condition	Health Section	Dental Section
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

Employment Condition	Health Section	Dental Section
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

Employment Condition	Health Section	Dental Section
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

Employment Condition	Health Section	Dental Section
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

Employment Condition	Health Section	Dental Section
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

Employment Condition	Health Section	Dental Section
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

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

216 (MMA) Middle Management Association

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

217 (UNR) Commissioner’s Plan

Employment Condition	Health Section	Dental Section
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

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

220 (UNR) Excluded Managerial Plan

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

221 (UNR) Excluded—All other

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

222 (UNR) Agency Exclusive

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

223 (UNR) Unclassified

Employment Condition	Health Section	Dental Section
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

Employment Condition	Health Section	Dental Section
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

Employment Condition	Health Section	Dental Section
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

Employment Condition	Health Section	Dental Section
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

Employment Condition	Health Section	Dental Section
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

Employment Condition	Health Section	Dental Section
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

Employment Condition	Health Section	Dental Section
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

Employment Condition	Health Section	Dental Section
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

Employment Condition	Health Section	Dental Section
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

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

(Z01-Z27) IBU's

Employment Condition	Health Section	Dental Section
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.

Availability by county

Health

The Minnesota Advantage Health Plan is available in all counties of Minnesota. However, the availability under each carrier may differ slightly.

BlueCross BlueShield and HealthPartners offer the Advantage Plan in all counties of Minnesota. **PreferredOne offers the Minnesota Advantage Plan in all counties of Minnesota, except for Houston County, which is partially available.**

Each carrier offering the Minnesota Advantage Health Plan also provides a National Preferred Provider Organization (PPO) for members who permanently reside outside the state and the service area (bordering counties) of Minnesota. Please check with the carriers if you require access to the PPO, as not all carriers offer PPO's in every state.

Dental

The State Dental Plan, administered by Delta Dental offers total coverage in all counties of Minnesota.

The HealthPartners State of Minnesota Dental Plan offers total coverage in all counties of Minnesota.

Section A
2020 Health Plan Rates

2020 Health Plans

Full Employer Contribution

All Union Codes/Bargaining Units

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage BlueCross	700.72	665.68	35.04	1359.88	1155.90	203.98	2060.60	1821.58	239.02
Advantage HealthPartners	700.72	665.68	35.04	1359.88	1155.90	203.98	2060.60	1821.58	239.02
Advantage PreferredOne	700.72	665.68	35.04	1359.88	1155.90	203.98	2060.60	1821.58	239.02

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage BlueCross	350.36	332.84	17.52	679.94	577.95	101.99	1030.30	910.79	119.51
Advantage HealthPartners	350.36	332.84	17.52	679.94	577.95	101.99	1030.30	910.79	119.51
Advantage PreferredOne	350.36	332.84	17.52	679.94	577.95	101.99	1030.30	910.79	119.51

2020 Health Plans

75.00% Employer Contribution

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

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage BlueCross	700.72	499.26	201.46	1359.88	866.94	492.94	2060.60	1366.20	694.40
Advantage HealthPartners	700.72	499.26	201.46	1359.88	866.94	492.94	2060.60	1366.20	694.40
Advantage PreferredOne	700.72	499.26	201.46	1359.88	866.94	492.94	2060.60	1366.20	694.40

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage BlueCross	350.36	249.63	100.73	679.94	433.47	246.47	1030.30	683.10	347.20
Advantage HealthPartners	350.36	249.63	100.73	679.94	433.47	246.47	1030.30	683.10	347.20
Advantage PreferredOne	350.36	249.63	100.73	679.94	433.47	246.47	1030.30	683.10	347.20

2020 Health Plans

50.00% Employer Contribution

Union Codes: MAP, MSC

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage BlueCross	700.72	332.84	367.88	1359.88	577.96	781.92	2060.60	910.80	1149.80
Advantage HealthPartners	700.72	332.84	367.88	1359.88	577.96	781.92	2060.60	910.80	1149.80
Advantage PreferredOne	700.72	332.84	367.88	1359.88	577.96	781.92	2060.60	910.80	1149.80

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage BlueCross	350.36	166.42	183.94	679.94	288.98	390.96	1030.30	455.40	574.90
Advantage HealthPartners	350.36	166.42	183.94	679.94	288.98	390.96	1030.30	455.40	574.90
Advantage PreferredOne	350.36	166.42	183.94	679.94	288.98	390.96	1030.30	455.40	574.90

2020 Health Plans

0.00% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage BlueCross	700.72	0	700.72	1359.88	0	1359.88	2060.60	0	2060.60
Advantage HealthPartners	700.72	0	700.72	1359.88	0	1359.88	2060.60	0	2060.60
Advantage PreferredOne	700.72	0	700.72	1359.88	0	1359.88	2060.60	0	2060.60

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage BlueCross	350.36	0	350.36	679.94	0	679.94	1030.30	0	1030.30
Advantage HealthPartners	350.36	0	350.36	679.94	0	679.94	1030.30	0	1030.30
Advantage PreferredOne	350.36	0	350.36	679.94	0	679.94	1030.30	0	1030.30

Section B
2020 Dental Plan Rates

2020 Dental Plans

Full Employer Contribution

All Union Codes/Bargaining Units

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
State Dental Plan (Delta)	40.74	27.24	13.50	79.80	39.90	39.90	120.54	67.14	53.40
HealthPartners State of MN Dental Plan	40.74	27.24	13.50	79.80	39.90	39.90	120.54	67.14	53.40

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
State Dental Plan (Delta)	20.37	13.62	6.75	39.90	19.95	19.95	60.27	33.57	26.70
HealthPartners State of MN Dental Plan	20.37	13.62	6.75	39.90	19.95	19.95	60.27	33.57	26.70

2020 Dental Plans

75.00% Employer Contribution

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

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
State Dental Plan (Delta)	40.74	20.44	20.30	79.80	29.94	49.86	120.54	50.38	70.16
HealthPartners State of MN Dental Plan	40.74	20.44	20.30	79.80	29.94	49.86	120.54	50.38	70.16

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
State Dental Plan (Delta)	20.37	10.22	10.15	39.90	14.97	24.93	60.27	25.19	35.08
HealthPartners State of MN Dental Plan	20.37	10.22	10.15	39.90	14.97	24.93	60.27	25.19	35.08

2020 Dental Plans

50.00% Employer Contribution

Union Codes: MAP, MSC

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
State Dental Plan (Delta)	40.74	13.62	27.12	79.80	19.96	59.84	120.54	33.58	86.96
HealthPartners State of MN Dental Plan	40.74	13.62	27.12	79.80	19.96	59.84	120.54	33.58	86.96

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
State Dental Plan (Delta)	20.37	6.81	13.56	39.90	9.98	29.92	60.27	16.79	43.48
HealthPartners State of MN Dental Plan	20.37	6.81	13.56	39.90	9.98	29.92	60.27	16.79	43.48

2020 Dental Plans

0.00% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
State Dental Plan (Delta)	40.74	0	40.74	79.80	0	79.80	120.54	0	120.54
HealthPartners State of MN Dental Plan	40.74	0	40.74	79.80	0	79.80	120.54	0	120.54

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
State Dental Plan (Delta)	20.37	0	20.37	39.90	0	39.90	60.27	0	60.27
HealthPartners State of MN Dental Plan	20.37	0	20.37	39.90	0	39.90	60.27	0	60.27

2020 Life Plan Rates

2020 Life Plans

Basic Life Insurance

Monthly Rates

LIFE PLAN	Total	State	Employee
Basic Employee Life — MMLB	10.60	10.60	0.00
Manager's Life – 2.0 X — MLMB	57.78	57.78	0.00
Manager's Life – 1.5 X — MLMA	39.66	39.66	0.00

Semi-Monthly Rates

LIFE PLAN	Total	State	Employee
Basic Employee Life — MMLB	5.30	5.30	0.00
Manager's Life – 2.0 X — MLMB	28.89	28.89	0.00
Manager's Life – 1.5 X — MLMA	19.83	19.83	0.00

Optional Employee or Spouse Life Insurance

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	0.56	0.28
age 45 - 49	0.96	0.48
age 50 - 54	1.76	0.88
age 55 - 59	2.76	1.38
age 60 - 64	4.50	2.25
age 65 - 69	7.26	3.63
age 70 – 74	11.76	5.88
age 75 – 79	19.00	9.50
age 80 – 84	30.76	15.38
age 85 – 89	61.50	30.75

Child Life Insurance

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

Accidental Death and Dismemberment Insurance

Cost For \$5,000 in Coverage

MONTHLY	SEMI-MONTHLY
0.16	0.08

2020 Disability Plan Rates

2020 Disability Plans
Short-Term Disability Insurance

monthly benefit	semi monthly	monthly
300	2.55	5.10
400	3.40	6.80
500	4.25	8.50
600	5.10	10.20
700	5.95	11.90
800	6.80	13.60
900	7.65	15.30
1000	8.50	17.00
1100	9.35	18.70
1200	10.20	20.40
1300	11.05	22.10
1400	11.90	23.80
1500	12.75	25.50
1600	13.60	27.20
1700	14.45	28.90
1800	15.30	30.60
1900	16.15	32.30
2000	17.00	34.00
2100	17.85	35.70
2200	18.70	37.40
2300	19.55	39.10
2400	20.40	40.80
2500	21.25	42.50
2600	22.10	44.20
2700	22.95	45.90
2800	23.80	47.60
2900	24.65	49.30
3000	25.50	51.00
3100	26.35	52.70
3200	27.20	54.40
3300	28.05	56.10
3400	28.90	57.80
3500	29.75	59.50
3600	30.60	61.20
3700	31.45	62.90
3800	32.30	64.60
3900	33.15	66.30
4000	34.00	68.00
4100	34.85	69.70
4200	35.70	71.40
4300	36.55	73.10
4400	37.40	74.80
4500	38.25	76.50
4600	39.10	78.20
4700	39.95	79.90
4800	40.80	81.60
4900	41.65	83.30
5000	42.50	85.00

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

2020 Disability Plans
Long-term disability insurance

gross annual	salary	max monthly benefit from all sources	max monthly benefit payable	monthly cost	semi monthly cost
6,001	6,500	300	300	1.62	.81
6,501	7,000	350	350	1.89	.95
7,001	8,000	400	400	2.16	1.08
8,001	9,000	450	450	2.43	1.22
9,001	10,000	500	500	2.70	1.35
10,001	11,000	550	550	2.97	1.49
11,001	12,000	600	600	3.24	1.62
12,001	12,500	650	650	3.51	1.76
12,501	13,000	700	700	3.78	1.89
13,001	14,000	750	750	4.05	2.03
14,001	15,000	800	800	4.32	2.16
15,001	16,000	850	850	4.59	2.30
16,001	18,000	900	900	4.86	2.43
18,001	19,000	950	950	5.13	2.57
19,001	20,000	1,000	1,000	5.40	2.70
20,001	22,000	1,100	1,100	5.94	2.97
22,001	24,000	1,200	1,200	6.48	3.24
24,001	26,000	1,300	1,300	7.02	3.51
26,001	28,000	1,400	1,400	7.56	3.78
28,001	30,000	1,500	1,500	8.10	4.05
30,001	32,000	1,600	1,600	8.64	4.32
32,001	34,000	1,700	1,700	9.18	4.59
34,001	36,000	1,800	1,800	9.72	4.86
36,001	38,000	1,900	1,900	10.26	5.13
38,001	40,000	2,000	2,000	10.80	5.40
40,001	42,000	2,100	2,100	11.34	5.67
42,001	44,000	2,200	2,200	11.88	5.94
44,001	46,000	2,300	2,300	12.42	6.21
46,001	48,000	2,400	2,400	12.96	6.48
48,001	50,000	2,500	2,500	13.50	6.75
50,001	52,000	2,600	2,600	14.04	7.02
52,001	54,000	2,700	2,700	14.58	7.29
54,001	56,000	2,800	2,800	15.12	7.56
56,001	58,000	2,900	2,900	15.66	7.83
58,001	60,000	3,000	3,000	16.20	8.10
60,001	61,000	3,100	3,100	16.74	8.37
61,001	62,000	3,200	3,200	17.28	8.64
62,001	63,000	3,300	3,300	17.82	8.91
63,001	64,000	3,400	3,400	18.36	9.18
64,001	65,000	3,500	3,500	18.90	9.45

gross annual	salary	max monthly benefit from all sources	max monthly benefit payable	monthly cost	semi monthly cost
65,001	67,000	3,600	3,600	19.44	9.72
67,001	69,000	3,700	3,700	19.98	9.99
69,001	71,500	3,800	3,800	20.52	10.26
71,501	73,000	3,900	3,900	21.06	10.53
73,001	75,000	4,000	4,000	21.60	10.80
75,001	77,000	4,100	4,100	22.14	11.07
77,001	79,000	4,200	4,200	22.68	11.34
79,001	81,000	4,300	4,300	23.22	11.61
81,001	83,000	4,400	4,400	23.76	11.88
83,001	85,000	4,500	4,500	24.30	12.15
85,001	87,000	4,600	4,600	24.84	12.42
87,001	89,000	4,700	4,700	25.38	12.69
89,001	91,000	4,800	4,800	25.92	12.96
91,001	93,000	4,900	4,900	26.46	13.23
93,001	96,000	5,000	5,000	27.00	13.50
96,001	98,000	5,100	5,100	27.54	13.77
98,001	100,000	5,200	5,200	28.08	14.04
100,001	102,000	5,300	5,300	28.62	14.31
102,001	104,000	5,400	5,400	29.16	14.58
104,001	106,000	5,500	5,500	29.70	14.85
106,000	108,000	5,600	5,600	30.24	15.12
108,001	110,000	5,700	5,700	30.78	15.39
110,001	112,000	5,800	5,800	31.32	15.66
112,001	114,000	5,900	5,900	31.86	15.93
114,001	116,000	6,000	6,000	32.40	16.20
116,001	118,000	6,100	6,100	32.94	16.47
118,001	120,000	6,200	6,200	33.48	16.74
120,001	122,000	6,300	6,300	34.02	17.01
122,001	124,000	6,400	6,400	34.56	17.28
124,001	126,000	6,500	6,500	35.10	17.55
126,001	128,000	6,600	6,600	35.64	17.82
128,001	130,000	6,700	6,700	36.18	18.09
130,001	132,000	6,800	6,800	36.72	18.36
132,001	133,500	6,900	6,900	37.26	18.63
133,501	135,500	7,000	7,000	37.80	18.90

*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.

2020 Disability Plans

Manager's Long-Term Disability Insurance

Monthly – Per \$100 Monthly Salary

Plan	Total	State	Employee
Plan A 150 Day	.22	.22	.00
Plan A 120 Day	.24	.22	.02
Plan A 90 Day	.26	.22	.04
Plan A 60 Day	.29	.22	.07
Plan A 30 Day	.32	.22	.10
Plan B 150 Day	.22	.00	.22
Plan B 120 Day	.24	.00	.24
Plan B 90 Day	.26	.00	.26
Plan B 60 Day	.29	.00	.29
Plan B 30 Day	.32	.00	.32

Plan A = 1 ½ x salary for life insurance

Plan B = 2x salary for life insurance