2024 Rates AURARIA HIGHER EDUCATION CENTER*



Health Insurance Anthem Blue Cross and Blue Shield	TOTAL COST	Your Monthly Cost
BlueAdvantage Point of Service Plan (HMO/POS) and Prime Blue Pr	iority PPO Plan	
Employee Only	\$811.00	\$203.00
Employee + Spouse	\$1,948.00	\$584.00
Employee + Child(ren)	\$1,786.00	\$536.00
Employee + Family	\$2,238.00	\$671.00
2500 HDHP Plan		
Employee Only	\$678.00	\$169.00
Employee + Spouse	\$1,629.00	\$489.00
Employee + Child(ren)	\$1,493.00	\$448.00
Employee + Family	\$1,872.00	\$562.00

Health Savings Account wex	
Savings Account	\$1.35

Dental Insurance Anthem Blue Cross and Blue Shield Anthem Dental Essential Choice PPO		
Employee Only	\$42.21	\$11.00
Employee + Spouse	\$95.45	\$29.00
Employee + Child(ren)	\$91.44	\$27.00
Employee + Family	\$109.52	\$33.00

Vision Insurance		
Anthem Blue Cross and Blue Shield		
Blue View Voluntary Vision Plan		
Employee Only	\$7.89	\$7.89
Employee + Spouse	\$14.79	\$14.79
Employee + Child(ren)	\$14.79	\$14.79
Employee + Family	\$21.48	\$21.48



Basic Term Life Insurance (Life and AD&D)

Anthem Life (premiums per \$10,000 of coverage)

Active Employees \$0.28/\$1,000 \$0.00



Group Long Term Disability

Sun Life (Paid to a maximum salary of \$10,500 per month)

Active Employees \$0.240/\$100 \$0.00



Flexible Benefit Plan Administrative Fee

One or Both Spending Accounts

\$2.95

\$0.00



Voluntary Term Life Insurance (Employee and/or Spouse) Sun Life (per \$1,000 of coverage)



Voluntary Critical Illness **Insurance** (Employee and/or Spouse) Sun Life (per \$1,000 of coverage)

Attained Age	<u>Uni- Smoker</u>
<25	\$0.039
25-29	\$0.042
30-34	\$0.053
35-39	\$0.063
40-44	\$0.076
45-49	\$0.135
50-54	\$0.213
55-59	\$0.388
60-64	\$0.524
65-69	\$0.912
70-74	\$1.463
75-79	\$2.888
80-84	\$4.168
85-99	\$7.325
Child Term Life	\$0.90 per \$5.000 per month

Child Term Life

\$0.90 per \$5,000 per month

Attained Age	<u>Uni- Smoker</u>
<25	\$0.034
25-29	\$0.039
30-34	\$0.510
35-39	\$0.710
40-44	\$1.090
45-49	\$1.610
50-54	\$2.310
55-59	\$3.230
60-64	\$4.000
65-69	\$4.630
70-74	\$5.940
75+	\$8.110
Child Benefit	\$0.200



Accident Insurance

Employee Only	\$5.60
Employee + Spouse	\$9.29
Employee + Child(ren)	\$10.20
Employee + Family	\$13.89



Accidental Death & Dismemberment

Sun Life (per \$1,000 of coverage)

Employee	\$0.014
Spouse	\$0.018
Child	\$0.024



BeneCenter Login

User ID: cheiba Password: ahec



Hospital Insurance

Employee Only	\$14.75
Employee + Spouse	\$31.11
Employee + Child(ren)	\$24.96
Employee + Family	\$41.32















