

# WESTERN STATE COLLEGE

## 2012 CHEIBA Trust Benefits / Monthly Premium Rate Sheet (Colorado Higher Education Insurance Benefits Alliance Trust)

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### Health Insurance (Same rates for all choices)

	<u>Total Cost</u>	<u>Your Cost</u>
Anthem Blue Cross and Blue Shield BlueAdvantage Point of Service Plan (HMO/POS) PRIME Health Plan (PPO) and Custom Plus Health Plan		
Employee Only	\$ 514.00	\$205.60
Employee and Family	\$1,339.00	\$535.60

### Dental Insurance (Same rates for all choices)

	<u>Total Cost</u>	<u>Your Cost</u>
Anthem Blue Cross and Blue Shield Anthem Blue Dental PPO Plus Anthem Blue Dental PPO		
Employee Only	\$36.00	\$14.50
Employee and Family	\$89.00	\$38.06

### Vision Service Plan (VSP)

	<u>Total Cost</u>	<u>Your Cost</u>
Employee	\$ 9.91	\$ 9.91
Employee + 1	\$18.57	\$18.57
Employee and Family	\$26.97	\$26.97

### Basic Term Life Insurance (Life and AD&D)

	<u>Total Cost</u>	<u>Your Cost</u>
Anthem Life (Premiums per \$10,000 death benefit)		
Active Employees	\$0.28/\$1,000	\$0.00 / \$1,000

### Group Long Term Disability

	<u>Total Cost</u>	<u>Your Cost</u>
Standard Insurance	\$0.30 p/\$100	\$0.00 p/\$100
Paid to a maximum salary of \$10,500 per month		

### Flexible Spending Benefit Plan Administrative Fee

	<u>Employer Paid</u>
One or Both Spending Accounts	\$3.25 per month

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**Voluntary Term Life Insurance (Employee and/or Spouse)**

Anthem Life (Premium per \$10,000 death benefit)

<u>Attained Age</u>	<u>Smoker</u>	<u>Non-Smoker</u>
less than 35	\$ 1.40	\$ .90
35-39	\$ 2.00	\$ 1.20
40-44	\$ 3.10	\$ 1.70
45-49	\$ 5.70	\$ 3.00
50-54	\$ 9.20	\$ 4.70
55-59	\$ 16.40	\$ 8.60
60-64	\$ 20.00	\$ 11.20
65-69	\$ 32.20	\$ 19.40
70-74	\$ 51.00	\$ 33.70
75-79	\$ 94.40	\$ 68.90
80-84	\$126.40	\$101.20
85-99	\$201.40	\$181.50

**Voluntary Dependent Child Term Life (\$5,000 per child)**

\$1.50 total p/mo.

**Voluntary Accidental Death & Dismemberment**

Mutual of Omaha

<u>Employee Principal Sum</u>	<u>Employee Only</u>	<u>Employee and Family</u>
\$ 10,000.00	\$ .36	\$ .52
\$ 25,000.00	\$ .90	\$ 1.30
\$ 50,000.00	\$ 1.80	\$ 2.60
\$ 75,000.00	\$ 2.70	\$ 3.90
\$100,000.00	\$ 3.60	\$ 5.20
\$150,000.00	\$ 5.40	\$ 7.80
\$200,000.00	\$ 7.20	\$10.40
\$250,000.00	\$ 9.00	\$13.00
\$300,000.00	\$10.80	\$15.60
\$500,000.00	\$18.00	\$26.00

The amount of insurance you select is called the "Principal Sum". You may select a Principal Sum between a minimum of \$10,000 and a maximum of \$500,000 in increments of \$10,000. Amounts over \$250,000 are subject to ten (10) times your annual salary. Employee and Family includes coverage for you, your Spouse/Domestic Partner and eligible children.

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