

Corrales Village

Twice Monthly Insurance Rates FY2025

July 1, 2024 - June 30, 2025

Medical Insurance	Employee pays 20% ER pays 80%		
Blue Cross Blue Shield/UnitedHealthcare			
	Employee*	Village	Total
Single	62.82	251.30	314.12
Couple	127.83	511.31	639.14
S/Parent	100.92	403.67	504.59
Family	184.48	737.93	922.41

Dental Insurance	Employee pays 20% ER pays 80%		
Blue Cross Blue Shield Dental			
	Employee*	Village	Total
Single	3.13	12.52	15.65
Couple	6.33	25.32	31.65
S/Parent	6.96	27.82	34.78
Family	9.42	37.66	47.08

Vision Insurance		Employee Paid	
Davis Vision			
	Employee*	Village	Total
Single	2.06	0.00	2.06
Couple	4.12	0.00	4.12
S/Parent	4.40	0.00	4.40
Family	7.16	0.00	7.16

Voluntary Term Life		Employee Paid
Mutual of Omaha Biweekly Rates Per \$1,000*		
Age	Smoker	Non Smoker
<30	0.0535	0.0230
30-34	0.0685	0.0315
35-39	0.1135	0.0540
40-44	0.1595	0.0835
45-49	0.3000	0.1660
50-54	0.4530	0.2490
55-59	0.6625	0.3615
60-64	0.8425	0.4670
65-69	1.2470	0.6990
70-74	2.3805	1.3215
75+	3.6960	2.0570

Short-Term Disability Insurance	Employee Paid
Mutual of Omaha	Weekly Benefit = 60% base salary
	Rate per \$10 of Weekly Benefit
	BW Rate*
All ages	0.1605

Long-Term Disability Insurance	Employee Paid
Mutual of Omaha	Monthly Benefit = 60% base salary
	Rate per \$100 of BW Salary*
Age	BW Rate*
<30	0.1090
30-39	0.1690
40-44	0.2230
45-49	0.3205
50-54	0.4175
55-59	0.4980
60+	0.5150

Mutual of Omaha Dependent Child Term Life	
Coverage	BW Rate*
\$2,500	0.30
\$5,000	0.60
\$7,500	0.90
\$10,000	1.20

* Twice Monthly = monthly times 12 divided by 24