

# 2021-2022 City of Irving Benefits Premiums

## 2021-2022 Medical

### BLUE CHOICE PLUS

Coverage	Total Cost	City Cost Monthly	EE Cost Monthly	EE Cost Bi-weekly
Employee Only	\$754.76	\$649.78	\$104.98	\$52.49
Employee / Spouse	\$1,569.90	\$1,200.41	\$369.50	\$184.75
Employee / Child(ren)	\$1,524.31	\$1,169.57	\$313.12	\$177.37
Employee / Family	\$2,360.39	\$1,734.68	\$626.24	\$313.12

### BLUE QUALITY PLAN

Coverage	Total Cost	City Cost Monthly	EE Cost Monthly	EE Cost Bi-weekly
Employee Only	\$641.56	\$564.21	\$77.35	\$38.68
Employee / Spouse	\$1,334.43	\$1,045.06	\$289.37	\$144.69
Employee / Child(ren)	\$1,295.93	\$1,018.37	\$277.56	\$138.78
Employee / Family	\$2,006.80	\$1,511.72	\$495.08	\$247.54

### BLUE EDGE HSA PLAN

Coverage	Total Cost	City Cost Monthly	EE Cost Monthly	EE Cost Bi-weekly
Employee Only	\$452.63	\$419.06	\$33.57	\$16.79
Employee / Spouse	\$955.06	\$791.04	\$164.02	\$82.01
Employee / Child(ren)	\$883.21	\$737.84	\$145.37	\$72.69
Employee / Family	\$1,359.25	\$1,090.30	\$268.95	\$134.48

# 2021-2022 City of Irving Benefits Premiums

## 2021-2022 Dental

### Buy-Up PPO Plan

Coverage	Monthly Cost	Bi-Weekly Cost
Employee Only	\$44.19	\$22.10
Employee / Spouse	\$69.07	\$34.54
Employee / Child(ren)	\$81.46	\$40.73
Employee / Family	\$145.59	\$72.80

### Standard PPO Plan

Coverage	Monthly Cost	Bi-Weekly Cost
Employee Only	\$36.09	\$18.05
Employee / Spouse	\$64.08	\$32.04
Employee / Child(ren)	\$73.21	\$36.61
Employee / Family	\$113.74	\$56.87

### DHMO Plan

Coverage	Monthly Cost	Bi-Weekly Cost
Employee Only	\$11.39	\$5.70
Employee / Spouse	\$23.16	\$11.58
Employee / Child(ren)	\$24.38	\$12.19
Employee / Family	\$37.79	\$18.90

## 2021-2022 Vision

### Buy-Up Option

Coverage	Monthly Cost	Bi-Weekly Cost
Employee Only	\$9.21	\$4.61
Employee / Spouse	\$13.80	\$6.90
Employee / Child(ren)	\$16.06	\$8.03
Employee / Family	\$22.97	\$11.49

### Standard Plan

Coverage	Monthly Cost	Bi-Weekly Cost
Employee Only	\$4.67	\$2.34
Employee / Spouse	\$7.18	\$3.59
Employee / Child(ren)	\$8.15	\$4.08
Employee / Family	\$11.65	\$5.83

## 2021-2022 Legal Plan

Coverage	Monthly Cost	Bi-Weekly Cost
Employee / Family	\$16.80	\$8.40

# 2021-2022 City of Irving Benefits Premiums

## 2021-2022 Accidental Injury

### Plan 1

Coverage	Monthly Cost	Bi-Weekly Cost
Employee Only	\$ 7.37	\$ 3.69
Employee / Spouse	\$ 13.71	\$ 6.86
Employee / Child(ren)	\$ 21.09	\$ 10.55
Employee / Family	\$ 27.43	\$ 13.72

### Plan 2

Coverage	Monthly Cost	Bi-Weekly Cost
Employee Only	\$ 10.20	\$ 5.10
Employee / Spouse	\$ 18.84	\$ 9.42
Employee / Child(ren)	\$ 30.75	\$ 15.38
Employee / Family	\$ 39.39	\$ 19.70

## 2021-2022 Hospital Indemnity Benefit

Coverage	Monthly Cost	Bi-Weekly Cost
Employee Only	\$ 8.97	\$ 4.49
Employee / Spouse	\$ 19.63	\$ 9.82
Employee / Child(ren)	\$ 13.42	\$ 6.71
Employee / Family	\$ 24.08	\$ 12.04

## 2021-2022 Critical Illness

### Employee or Employee / Child(ren)

Available in \$10,000, \$15,000, or \$20,000  
rates per \$1,000 of coverage + \$1.84 Be Well fee (not included in rate)

Age	Monthly Cost	Bi-Weekly Cost
less than age 25	\$ 0.13	\$ 0.07
25-29	\$ 0.18	\$ 0.09
30-34	\$ 0.27	\$ 0.14
35-39	\$ 0.38	\$ 0.19
40-44	\$ 0.57	\$ 0.29
45-49	\$ 0.87	\$ 0.44
50-54	\$ 1.34	\$ 0.67
55-59	\$ 1.93	\$ 0.97
60-64	\$ 2.84	\$ 1.42
65-69	\$ 4.23	\$ 2.12
70-74	\$ 6.38	\$ 3.19
75-79	\$ 8.96	\$ 4.48
80-84	\$ 12.41	\$ 6.21
85 and over	\$ 19.57	\$ 9.79

### Spouse (must elect employee coverage to elect spouse coverage)

Available in \$5,000, \$7,500, or \$10,000  
rates per \$1,000 of coverage + \$1.84 Be Well fee (not included in rate)

Age	Monthly Cost	Bi-Weekly Cost
less than age 25	\$ 0.13	\$ 0.07
25-29	\$ 0.18	\$ 0.09
30-34	\$ 0.27	\$ 0.14
35-39	\$ 0.38	\$ 0.19
40-44	\$ 0.57	\$ 0.29
45-49	\$ 0.87	\$ 0.44
50-54	\$ 1.34	\$ 0.67
55-59	\$ 1.93	\$ 0.97
60-64	\$ 2.84	\$ 1.42
65-69	\$ 4.23	\$ 2.12
70-74	\$ 6.38	\$ 3.19
75-79	\$ 8.96	\$ 4.48
80-84	\$ 12.41	\$ 6.21
85 and over	\$ 19.57	\$ 9.79

# 2021-2022 City of Irving Benefits Premiums

## 2021-2022 Voluntary Life/AD&D

Coverage	Monthly Cost	Bi-Weekly Cost	
Employee***	Age Banded Rates per \$1,000 of coverage - Must choose 1-5x's Annual Salary		
Spouse***	Age Banded Rates per \$1,000 of coverage - Must choose in \$10,000 increments with a Maximum of \$100,000		
Child(ren)	\$	3.38	\$ 1.69

### Age-Banded Rate Table for Life/AD&D per \$1,000 of coverage

Employee's Age Band	Monthly Cost	Bi-Weekly Cost	
0-29		0.085	0.043
30-34		0.105	0.053
35-39		0.115	0.058
40-44		0.135	0.068
45-49		0.205	0.103
50-54		0.365	0.183
55-59		0.695	0.348
60-64		0.905	0.453
65-69*		1.295	0.648
70-999**		2.085	1.043

\* Benefits Reduction @ age 65 to 65% of benefit amount

\*\* Benefit Reduction @ age 70 to 50% of benefit amount

\*\*\* Employee coverage has a guarantee issue of 3x's Annual Salary up to \$500,000 with a maximum benefit of 5x's Annual Salary up to \$800,000 maximum benefit.

Spouse Coverage has a guarantee issue of \$50,000 with a maximum benefit of \$100,000