

2022-2023 City of Irving Benefits Premiums

2022-2023 Medical

BLUE CHOICE PLUS

Coverage	Total Cost	Cost Monthly	EE Cost Monthly	EE Cost Bi-weekly
Employee Only	\$769.86	\$662.78	\$107.08	\$53.54
Employee / Spouse	\$1,601.30	\$1,224.42	\$376.88	\$188.44
Employee / Child(ren)	\$1,554.80	\$1,192.96	\$361.83	\$180.92
Employee / Family	\$2,408.14	\$1,769.37	\$638.76	\$319.38

BLUE QUALITY PLAN

Coverage	Total Cost	Cost Monthly	EE Cost Monthly	EE Cost Bi-weekly
Employee Only	\$654.39	\$575.49	\$78.90	\$39.45
Employee / Spouse	\$1,361.12	\$1,065.96	\$295.16	\$147.58
Employee / Child(ren)	\$1,321.85	\$1,038.74	\$283.11	\$141.56
Employee / Family	\$2,046.94	\$1,541.95	\$504.98	\$252.49

BLUE EDGE HSA PLAN

Coverage	Total Cost	Cost Monthly	EE Cost Monthly	EE Cost Bi-weekly
Employee Only	\$461.68	\$427.44	\$34.24	\$17.12
Employee / Spouse	\$974.16	\$806.86	\$167.30	\$83.65
Employee / Child(ren)	\$900.87	\$752.60	\$148.28	\$74.14
Employee / Family	\$1,386.44	\$1,112.11	\$274.33	\$137.16

2022-2023 City of Irving Benefits Premiums

2022-2023 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

MAC Plan

Coverage	Monthly Cost	Bi-Weekly Cost
Employee Only	\$26.20	\$13.10
Employee / Spouse	\$46.52	\$23.26
Employee / Child(ren)	\$53.14	\$26.57
Employee / Family	\$82.56	\$41.28

2022-2023 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

2022-2023 Legal Plan

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

2022-2023 City of Irving Benefits Premiums

2022-2023 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

2022-2023 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

2022-2023 City of Irving Benefits Premiums

2022-2023 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

2022-2023 City of Irving Benefits Premiums

2022-2023 Voluntary Life/AD&D

Coverage	Monthly Cost	Bi-Weekly Cost
Employee***	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	
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
70-99**	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