

**UNITED TRIBES TECHNICAL COLLEGE  
2021 MONTHLY INSURANCE PREMIUM RATES**

Insurance Premiums are deducted from the first payroll check of each calendar month for that month's Premiums.

9/10/11 Month Employees – During the second payroll check of February, March, and April, Insurance Premiums will be deducted to cover the summer months of June, July, and August.

<b>Health</b>	<b>Vision</b>		<b>Dental</b>	
*See Health Premium Rates Sheet	Employee Only	\$0.00	Employee Only	\$0.00
	Family	\$10.41	Family	\$79.39

**UTTC Paid Basic Term Life**

\$25,000.00\* Policy    \$0.00

**UTTC Paid Basic Term Accidental Death and Dismemberment**

\$25,000.00\* Policy    \$0.00

*\*Policy Reduction – 35% at age 65, 60% at age 70, 75% at age 75, and 85% at age 80*

**Employee Voluntary Term Life and Accidental Death and Dismemberment**

(Increments of \$10,000 per Employee's Age)

	<u>&lt; 30</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45-49</u>	<u>50-54</u>	<u>55-59</u>	<u>60-64</u>	<u>65-69</u>	<u>70 +</u>
\$10,000.00	\$0.52	\$0.59	\$0.71	\$0.99	\$1.45	\$2.16	\$3.20	\$4.38	\$6.93	\$12.95
\$20,000.00	\$1.04	\$1.18	\$1.42	\$1.98	\$2.90	\$4.32	\$6.40	\$8.76	\$13.86	\$25.90
\$50,000.00	\$2.60	\$2.95	\$3.55	\$4.95	\$7.25	\$10.80	\$16.00	\$21.90	\$34.65	\$64.75
\$100,000.00	\$5.20	\$5.90	\$7.10	\$9.90	\$14.50	\$21.60	\$32.00	\$43.80	\$69.30	\$129.50

**Spouse Voluntary Term Life and Accidental Death and Dismemberment**

(Increments of \$5,000 per Employee's Age, not to exceed 50% of Employee Coverage)

	<u>&lt; 30</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45-49</u>	<u>50-54</u>	<u>55-59</u>	<u>60-64</u>	<u>65-69</u>	<u>70 +</u>
\$5,000.00	\$0.26	\$0.30	\$0.36	\$0.50	\$0.73	\$1.08	\$1.60	\$2.19	\$3.47	\$6.48
\$10,000.00	\$0.52	\$0.59	\$0.71	\$0.99	\$1.45	\$2.16	\$3.20	\$4.38	\$6.93	\$12.95
\$25,000.00	\$1.30	\$1.48	\$1.78	\$2.48	\$3.63	\$5.40	\$8.00	\$10.95	\$17.33	\$32.38
\$50,000.00	\$2.60	\$2.95	\$3.55	\$4.95	\$7.25	\$10.80	\$16.00	\$21.90	\$34.65	\$64.75

**Dependent Child(ren) Voluntary Term Life and Accidental Death and Dismemberment**

(Flat Amounts, not to exceed 10% of Employee Coverage)

\$1,000.00	\$0.29
\$2,000.00	\$0.59
\$4,000.00	\$1.17
\$5,000.00	\$1.47
\$10,000.00	\$2.93

Due to rounding, the actual payroll deduction amount may vary slightly.

**Voluntary Accident**

Employee Only	\$13.01
Employee + Spouse	\$20.97
Employee + Child(ren)	\$23.65
Family	\$31.61

**Short Term Disability (STD)** (Per Weekly Benefit and Age Rate)

	<u>&lt; 50</u>	<u>50-54</u>	<u>55-59</u>	<u>60+</u>
\$100.00	\$6.40	\$7.54	\$10.12	\$10.69
\$200.00	\$12.80	\$15.08	\$20.24	\$21.38
\$300.00	\$19.20	\$22.62	\$30.36	\$32.07

The benefit amount cannot exceed 60% of Gross Weekly Earnings or \$300.00, less any income from other sources. Due to rounding, the actual payroll deduction amount may vary slightly.

**Long Term Disability (LTD)** (Per Monthly Salary and Age Rate)

- Divide Annual Salary by 12 to determine Monthly Salary
- Divide Monthly Salary by 100 and multiply by Age Rate to determine Monthly Premium

	<u>&lt; 35</u>	<u>35-39</u>	<u>40-44</u>	<u>45-49</u>	<u>50-54</u>	<u>55-59</u>	<u>60-64</u>	<u>65-99</u>
Age Rate	\$0.073	\$0.173	\$0.270	\$0.285	\$0.436	\$0.470	\$0.374	\$0.251

The benefit amount cannot exceed 60% of Gross Monthly Earnings or \$5,000.00 less any income from other sources. Due to rounding, the actual payroll deduction amount may vary slightly.

## 2021 MONTHLY HEALTH INSURANCE PREMIUM RATES

PLAN OPTION	TYPE	CODE	RATE
<b>North Dakota Aetna Advantage</b>			
Self	HMO	Z24	\$0.00
Self Plus One	HMO	Z26	\$0.00
Self & Family	HMO	Z25	\$0.00
Self Plus One (UTTC Spouses)	HMO	Z26	\$0.00
Self & Family (UTTC Spouses)	HMO	Z25	\$0.00
<b>North Dakota Aetna HealthFund CDHP</b>			
Self	HMO	H41	\$0.00
Self Plus One	HMO	H43	\$424.61
Self & Family	HMO	H42	\$311.73
Self Plus One (UTTC Spouses)	HMO	H43	\$111.44
Self & Family (UTTC Spouses)	HMO	H42	\$129.75
<b>North Dakota Aetna Value</b>			
Self	HMO	H44	\$0.00
Self Plus One	HMO	H46	\$397.57
Self & Family	HMO	H45	\$303.15
Self Plus One (UTTC Spouses)	HMO	H46	\$84.40
Self & Family (UTTC Spouses)	HMO	H45	\$121.17
<b>North Dakota Aetna Direct CDHP</b>			
Self	HMO	N61	\$0.00
Self Plus One	HMO	N63	\$0.00
Self & Family	HMO	N62	\$0.00
Self Plus One (UTTC Spouses)	HMO	N63	\$0.00
Self & Family (UTTC Spouses)	HMO	N62	\$0.00
<b>North Dakota Aetna HealthFund HDHP</b>			
Self	HMO	224	\$0.00
Self Plus One	HMO	226	\$258.06
Self & Family	HMO	225	\$160.82
Self Plus One (UTTC Spouses)	HMO	226	\$0.00
Self & Family (UTTC Spouses)	HMO	225	\$0.00
<b>North Dakota HealthPartners Standard</b>			
Self	HMO	V34	\$0.00
Self Plus One	HMO	V36	\$0.00
Self & Family	HMO	V35	\$0.00

Self Plus One (UTTC Spouses)	HMO	V36	\$0.00
Self & Family (UTTC Spouses)	HMO	V35	\$0.00

**North Dakota HealthPartners High**

Self	HMO	V31	\$0.00
Self Plus One	HMO	V33	\$34.59
Self & Family	HMO	V32	\$54.37
Self Plus One (UTTC Spouses)	HMO	V33	\$0.00
Self & Family (UTTC Spouses)	HMO	V32	\$0.00

**North Dakota UnitedHealthcare Advantage High**

Self	HMO	Y51	\$0.00
Self Plus One	HMO	Y53	\$0.00
Self & Family	HMO	Y52	\$0.00
Self Plus One (UTTC Spouses)	HMO	Y53	\$0.00
Self & Family (UTTC Spouses)	HMO	Y52	\$0.00

**Nationwide APWU Health Plan CDHP**

Self	FFS	474	\$0.00
Self Plus One	FFS	476	\$0.00
Self & Family	FFS	475	\$0.00
Self Plus One (UTTC Spouses)	FFS	476	\$0.00
Self & Family (UTTC Spouses)	FFS	475	\$0.00

**Nationwide APWU Health Plan High**

Self	FFS	471	\$0.00
Self Plus One	FFS	473	\$128.95
Self & Family	FFS	472	\$222.18
Self Plus One (UTTC Spouses)	FFS	473	\$0.00
Self & Family (UTTC Spouses)	FFS	472	\$40.20

**Nationwide Blue Cross and Blue Shield Basic**

Self	FFS	111	\$0.00
Self Plus One	FFS	113	\$89.21
Self & Family	FFS	112	\$81.28
Self Plus One (UTTC Spouses)	FFS	113	\$0.00
Self & Family (UTTC Spouses)	FFS	112	\$0.00

**Nationwide Blue Cross and Blue Shield FEP Blue Focus**

Self	FFS	131	\$0.00
Self Plus One	FFS	133	\$0.00
Self & Family	FFS	132	\$0.00
Self Plus One (UTTC Spouses)	FFS	133	\$0.00

Self & Family (UTTC Spouses)	FFS	132	\$0.00
<b>Nationwide Blue Cross and Blue Shield Standard</b>			
Self	FFS	104	\$0.00
Self Plus One	FFS	106	\$287.77
Self & Family	FFS	105	\$295.46
Self Plus One (UTTC Spouses)	FFS	106	\$0.00
Self & Family (UTTC Spouses)	FFS	105	\$113.48
<b>Nationwide GEHA High</b>			
Self	FFS	311	\$0.00
Self Plus One	FFS	313	\$225.19
Self & Family	FFS	312	\$325.81
Self Plus One (UTTC Spouses)	FFS	313	\$0.00
Self & Family (UTTC Spouses)	FFS	312	\$143.83
<b>Nationwide GEHA Standard</b>			
Self	FFS	314	\$0.00
Self Plus One	FFS	316	\$0.00
Self & Family	FFS	315	\$0.00
Self Plus One (UTTC Spouses)	FFS	316	\$0.00
Self & Family (UTTC Spouses)	FFS	315	\$0.00
<b>Nationwide GEHA HDHP</b>			
Self	FFS	341	\$0.00
Self Plus One	FFS	343	\$0.00
Self & Family	FFS	342	\$0.00
Self Plus One (UTTC Spouses)	FFS	343	\$0.00
Self & Family (UTTC Spouses)	FFS	342	\$0.00
<b>Nationwide GEHA Indemnity Elevate Plus</b>			
Self	FFS	251	\$0.00
Self Plus One	FFS	253	\$60.27
Self & Family	FFS	252	\$46.73
Self Plus One (UTTC Spouses)	FFS	253	\$0.00
Self & Family (UTTC Spouses)	FFS	252	\$0.00
<b>Nationwide GEHA Indemnity Elevate</b>			
Self	FFS	254	\$0.00
Self Plus One	FFS	256	\$0.00
Self & Family	FFS	255	\$0.00
Self Plus One (UTTC Spouses)	FFS	256	\$0.00
Self & Family (UTTC Spouses)	FFS	255	\$0.00

**Nationwide MHBP HDHP**

Self	FFS	481	\$0.00
Self Plus One	FFS	483	\$0.00
Self & Family	FFS	482	\$0.00
Self Plus One (UTTC Spouses)	FFS	483	\$0.00
Self & Family (UTTC Spouses)	FFS	482	\$0.00

**Nationwide MHBP Standard**

Self	FFS	454	\$0.00
Self Plus One	FFS	456	\$0.00
Self & Family	FFS	455	\$0.00
Self Plus One (UTTC Spouses)	FFS	456	\$0.00
Self & Family (UTTC Spouses)	FFS	455	\$0.00

**Nationwide MHBP Value**

Self	FFS	414	\$0.00
Self Plus One	FFS	416	\$0.00
Self & Family	FFS	415	\$0.00
Self Plus One (UTTC Spouses)	FFS	416	\$0.00
Self & Family (UTTC Spouses)	FFS	415	\$0.00

**Nationwide NALC CDHP**

Self	FFS	324	\$0.00
Self Plus One	FFS	326	\$0.00
Self & Family	FFS	325	\$0.00
Self Plus One (UTTC Spouses)	FFS	326	\$0.00
Self & Family (UTTC Spouses)	FFS	325	\$0.00

**Nationwide NALC High**

Self	FFS	321	\$0.00
Self Plus One	FFS	323	\$170.40
Self & Family	FFS	322	\$75.69
Self Plus One (UTTC Spouses)	FFS	323	\$0.00
Self & Family (UTTC Spouses)	FFS	322	\$0.00

**Nationwide NALC Value**

Self	FFS	KM1	\$0.00
Self Plus One	FFS	KM3	\$0.00
Self & Family	FFS	KM2	\$0.00
Self Plus One (UTTC Spouses)	FFS	KM3	\$0.00
Self & Family (UTTC Spouses)	FFS	KM2	\$0.00

**Nationwide SAMBA High**

Self	FFS	441	\$0.00
Self Plus One	FFS	443	\$482.48
Self & Family	FFS	442	\$526.21
Self Plus One (UTTC Spouses)	FFS	443	\$169.31
Self & Family (UTTC Spouses)	FFS	442	\$344.23

**Nationwide SAMBA Standard**

Self	FFS	444	\$0.00
Self Plus One	FFS	446	\$66.79
Self & Family	FFS	445	\$26.12
Self Plus One (UTTC Spouses)	FFS	446	\$0.00
Self & Family (UTTC Spouses)	FFS	445	\$0.00