

UNITED TRIBES TECHNICAL COLLEGE 2025 MONTHLY INSURANCE PREMIUM RATES

- All Insurance Plans are effective the first day of the month following date of hire.
- 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, Premiums will be deducted to cover the summer months of June, July, and August.
- Due to rounding, the actual payroll deduction amount may vary slightly

Health/Medical Insurance – see Health Premium Rate Sheet

Dental/Vision:

<u>Enrollment Option</u>	<u>Dental</u>	<u>Vision</u>
Employee Only	0	0
Employee & Spouse	\$31.65	\$5.47
Employee & Child(ren)	\$52.69	\$6.61
Family	\$90.65	\$13.39

UTTC Paid Group Term Life: \$25,000.00* Policy \$0.00 employee premium

UTTC Paid Group Accidental Death & Dismemberment (AD&D): \$25,000* Policy \$0.00 employee premium

** Policy Reduction – 35% at age 65, 50% at age 70*

Employee Voluntary Term Life and Accidental Death & Dismemberment (AD&D)

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

	<u><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	.68	.77	.94	1.32	1.95	2.94	4.37	6.00	9.52	17.83
\$20,000	1.36	1.54	1.88	2.64	3.90	5.88	8.74	12.00	19.04	35.66
\$30,000	2.04	2.31	2.82	3.96	5.85	8.82	13.11	18.00	28.56	53.49
\$50,000	3.40	3.85	4.70	6.60	9.75	14.70	21.85	30.00	47.60	89.15
\$100,000	6.80	7.70	9.40	13.20	19.50	29.50	43.70	60.00	95.20	178.30

Spouse Voluntary Term Life and Accidental Death & Dismemberment (AD&D)

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

	<u><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	.34	.39	.47	.66	.98	1.47	2.19	3.00	4.76	8.92
\$10,000	.68	.77	.94	1.32	1.95	2.94	4.37	6.00	9.52	17.83
\$15,000	1.02	1.16	1.41	1.98	2.93	4.41	6.56	9.00	14.28	26.75
\$25,000	1.70	1.93	2.35	3.30	4.88	7.35	10.93	15.00	23.80	44.58
\$50,000	3.40	3.85	4.70	6.60	9.75	14.70	21.85	30.00	44.63	89.15

Dependent Child(ren) Voluntary Term Life

(Flat Amounts, not to exceed 50% of Employee Coverage, maximum \$10,000.00, per family not per child)

\$2,000	\$.40
\$4,000	\$.080
\$5,000	\$1.00
\$10,000	\$2.00

Voluntary Long-Term Disability (LTD) (per covered monthly earnings and age rate)

- Divide annual salary by 12 to determine monthly earnings
- Multiply monthly earnings by 60% to determine monthly benefit
- Divide monthly benefit by 100 and multiply by age rate to determine monthly premium

	<u>24 & under</u>	<u>25 – 29</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+</u>
Age Rate	\$0.08	\$0.11	\$0.13	\$0.16	\$0.33	\$0.34	\$0.50	\$0.54	\$0.49	\$0.38

The benefit amount cannot exceed 60% of Gross Monthly Earnings or \$5,000 less any income from other sources. Due to rounding, the actual payroll deduction amount may vary slightly.

YOU WILL ENROLL FOR ALL THE ABOVE BENEFITS – MEDICAL, DENTAL, VISION, VOLUNTARY LIFE AND VOLUNTARY LONG-TERM DISABILITY – THROUGH ONLINE ENROLLMENT.

Supplemental Insurance (Combined Insurance Company of America)

- Critical Illness Champion (which includes cancer)
- Disability Income Champion (Short-Term Disability)
- Accident Champion
- Hospital Champion
- Universal Life Protector

403(B) Retirement Plan (Empower Retirement)

- See separate retirement plan info sheet

Employee Assistance Plan (EAP) (CHI St. Alexius)

- See separate EAP plan brochure