
Health, Dental, Life, Disability, and Vision Insurance Rate Guide

Plan year 2024



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Instructions

Follow the directions below and use this Guide to find the health and dental insurance premiums for employees. The rate section lists the rate broken down, semi-monthly and monthly. In most cases you will want to know the semi-monthly rates. (IBU's note: We will bill you the monthly rate.)

Health Rates

1. Select the Bargaining Unit and Union Code and the appropriate Employment Condition for employee from the Health Coverages by Bargaining Unit chart.

What page number is indicated for that bargaining unit and employment condition?

2. Go to the letter/page indicated for that bargaining and employment condition. This will give you the exact rate for that employee.

Dental Rates

1. Select the Bargaining Unit and the appropriate Employment Condition for employee from the Dental Coverages by Bargaining Unit chart.

What page number is indicated for that bargaining unit and employment condition?

2. Go to the letter/page indicated for that bargaining and employment condition. This will give you the exact rate for that employee.

This chart shows the Employer (ER) contribution by Bargaining Unit and (union code).

Health Coverages by Union Code (A)
Dental Coverages by Union Code (B)

201 (LEA) Law Enforcement

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Insurance eligible - no ER contribution	A4	B4
<i>Note: No part-time employer contribution</i>	na	na

202 (AFS) Craft, Maintenance & Labor

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

203 (AFS) Service

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

204 (AFS) Health Care Non-Professional

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

205 (MNA) Nurses

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

206 (AFS) Clerical

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

207 (AFS) Technical

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

208 (AFS) Correctional Guards

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

209 (IFO) State University Faculty

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

210 (MSC) MN State College Faculty

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A3	B3
Insurance eligible - no ER contribution	A4	B4

211 (MSU) State University—Administrative and Service Faculty

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

212 (GEC) Minnesota Government Engineering Council

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

213 (UNR) Health Treatment Professional—Commissioner’s Plan

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

214 (MAP) Minnesota Association of Professional Employees

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A3	B3
Insurance eligible - no ER contribution	A4	B4

215 (SRS) Professional State Residential Instructor

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

216 (MMA) Middle Management Association

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

217 (UNR) Commissioner’s Plan

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

219 (UNR) Not in Unit—Severed MS179

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

220 (UNR) Excluded Managerial Plan

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

221 (UNR) Excluded—All other

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

222 (UNR) Agency Exclusive

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

223 (UNR) Unclassified

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

225 (AFS) Public Safety Radio Operator

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

300 (MTP) Public Defense Assistant Attorney

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

301 (MTP) Public Defense Support Staff

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

308 (UNR) Public Defense/Unrepresented Personnel

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

309 (UNR) Public Defense/Unrepresented Managers

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

330 (A65) Judicial – AFSCME 65 Clerical/Technical

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

331 (MTP) Judicial – Teamsters Clerical/Technical

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

332 (JCR) Courts – Teamsters 320/Court Reporters

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

334 (A14) Courts – Teamsters AFSCME Council 14

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

(Z01-Z27) IBU's

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

Note: See plan covering employee for appropriate employer contribution for part-time employees.

Section A

2024 Minnesota Advantage Health Plan Rates

2024 Minnesota Advantage Health Plans

Full Employer Contribution

All Union Codes/Bargaining Units

The Minnesota Advantage Health Plan is one plan serviced by two plan administrators – Blue Cross and Blue Shield of Minnesota and HealthPartners. The rate is the same no matter which plan administrator is selected.

There are two coverage options:

- **Employee coverage:** covers the employee only (single coverage).
- **Family coverage:** covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$39.66	\$753.48	\$793.14	\$230.88	\$1,308.36	\$1,539.24	\$270.54	\$2,061.84	\$2,332.38

Semi-Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$19.83	\$376.74	\$396.57	\$115.44	\$654.18	\$769.62	\$135.27	\$1,030.92	\$1,166.19

How much do I pay to cover dependents?

You must choose family coverage to cover a spouse and/or dependents in addition to yourself. The family rate is the same regardless of how many dependents you cover. The following example shows the monthly rate an employee pays for family coverage:

Employee Rate +	Dependent Rate =	Family Rate
\$39.66	\$230.88	\$270.54

Dependent rates are shown for informational purposes only.

2024 Minnesota Advantage Health Plans

75% Employer Contribution

Union Codes: AFS, A14, A65, GEC, IFO, JCR, MMA, MNA, MSU, MTP, SRS, UNR, Z01-Z27

The Minnesota Advantage Health Plan is one plan serviced by two plan administrators – Blue Cross and Blue Shield of Minnesota and HealthPartners. The rate is the same no matter which plan administrator is selected.

There are two coverage options:

- **Employee coverage:** covers the employee only (single coverage).
- **Family coverage:** covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$228.02	\$565.12	\$793.14	\$557.96	\$981.28	\$1,539.24	\$785.98	\$1546.40	\$2,332.38

Semi-Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$114.01	\$282.56	\$396.57	\$278.98	\$490.64	\$769.62	\$392.99	\$773.20	\$1,166.19

How much do I pay to cover dependents?

You must choose family coverage to cover a spouse and/or dependents in addition to yourself. The family rate is the same regardless of how many dependents you cover. The following example shows the monthly rate an employee pays for family coverage:

Employee Rate +	Dependent Rate =	Family Rate
\$228.02	\$557.96	\$785.98

Dependent rates are shown for informational purposes only.

2024 Minnesota Advantage Health Plans

50% Employer Contribution

Union Codes: MAP, MSC

The Minnesota Advantage Health Plan is one plan serviced by two plan administrators – Blue Cross and Blue Shield of Minnesota and HealthPartners. The rate is the same no matter which plan administrator is selected.

There are two coverage options:

- **Employee coverage:** covers the employee only (single coverage).
- **Family coverage:** covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$416.40	\$376.74	\$793.14	\$885.06	\$654.18	\$1,539.24	\$1,301.46	\$1,030.92	\$2,332.38

Semi-Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$208.20	\$188.37	\$396.57	\$442.53	\$327.09	\$769.62	\$650.73	\$515.46	\$1,166.19

How much do I pay to cover dependents?

You must choose family coverage to cover a spouse and/or dependents in addition to yourself. The family rate is the same regardless of how many dependents you cover. The following example shows the monthly rate an employee pays for family coverage:

$$\begin{array}{rcl}
 \text{Employee Rate} + & \text{Dependent Rate} = & \text{Family Rate} \\
 \$416.40 & \$885.06 & \$1,301.46
 \end{array}$$

Dependent rates are shown for informational purposes only.

2024 Minnesota Advantage Health Plans

0% Employer Contribution

The Minnesota Advantage Health Plan is one plan serviced by two plan administrators – Blue Cross and Blue Shield of Minnesota and HealthPartners. The rate is the same no matter which plan administrator is selected.

There are two coverage options:

- **Employee coverage:** covers the employee only as single coverage.
- **Family coverage:** covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$793.14	\$0	\$793.14	\$1,539.24	\$0	\$1,539.24	\$2,332.38	\$0	\$2,332.38

Semi-Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$396.57	\$0	\$396.57	\$769.62	\$0	\$769.62	\$1,166.19	\$0	\$1,166.19

How much do I pay to cover dependents?

You must choose family coverage to cover a spouse and/or dependents in addition to yourself. The family rate is the same regardless of how many dependents you cover. The following example shows the monthly rate an employee pays for family coverage:

Employee Rate +	Dependent Rate =	Family Rate
\$793.14	\$1,539.24	\$2,332.38

Dependent rates are shown for informational purposes only.

Section B

2024 State Dental Plan Rates

2024 State Dental Plan

Full Employer Contribution

The State Dental Plan is one plan serviced by two plan administrators – Delta Dental – Group 216 and HealthPartners. The rate is the same no matter which plan administrator is selected.

There are two coverage options:

- **Employee coverage:** covers the employee only as single coverage.
- **Family coverage:** covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$13.48	\$31.44	\$44.92	\$44.00	\$44.00	\$88.00	\$57.48	\$75.44	\$132.92

Semi-Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$6.74	\$15.72	\$22.46	\$22.00	\$22.00	\$44.00	\$28.74	\$37.72	\$66.46

How much do I pay to cover dependents?

You must choose family coverage to cover a spouse and/or dependents in addition to yourself. The family rate is the same regardless of how many dependents you cover. The following example shows the monthly rate an employee pays for family coverage:

$$\begin{array}{rcl}
 \text{Employee Rate} + & \text{Dependent Rate} = & \text{Family Rate} \\
 \$13.48 & \$44.00 & \$57.48
 \end{array}$$

Dependent rates are shown for informational purposes only.

2024 State Dental Plan

75% Employer Contribution

The State Dental Plan is one plan serviced by two plan administrators – Delta Dental – Group 216 and HealthPartners. The rate is the same no matter which plan administrator is selected.

There are two coverage options:

- **Employee coverage:** covers the employee only as single coverage.
- **Family coverage:** covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$21.34	\$23.58	\$44.92	\$55.00	\$33.00	\$88.00	\$76.34	\$56.58	\$132.92

Semi-Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$10.67	\$11.79	\$22.46	\$27.50	\$16.50	\$44.00	\$38.17	\$28.29	\$66.46

How much do I pay to cover dependents?

You must choose family coverage to cover a spouse and/or dependents in addition to yourself. The family rate is the same regardless of how many dependents you cover. The following example shows the monthly rate an employee pays for family coverage:

Employee Rate +	Dependent Rate =	Family Rate
\$21.34	\$55.00	\$76.34

Dependent rates are shown for informational purposes only.

2024 State Dental Plan

50% Employer Contribution

The State Dental Plan is one plan serviced by two plan administrators – Delta Dental – Group 216 and HealthPartners. The rate is the same no matter which plan administrator is selected.

There are two coverage options:

- **Employee coverage:** covers the employee only as single coverage.
- **Family coverage:** covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$29.20	\$15.72	\$44.92	\$66.00	\$22.00	\$88.00	\$95.20	\$37.72	\$132.92

Semi-Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$14.60	\$7.86	\$22.46	\$33.00	\$11.00	\$44.00	\$47.60	\$18.86	\$66.46

How much do I pay to cover dependents?

You must choose family coverage to cover a spouse and/or dependents in addition to yourself. The family rate is the same regardless of how many dependents you cover. The following example shows the monthly rate an employee pays for family coverage:

Employee Rate +	Dependent Rate =	Family Rate
\$29.20	\$66.00	\$95.20

Dependent rates are shown for informational purposes only.

2024 State Dental Plan

0% Employer Contribution

The State Dental Plan is one plan serviced by two plan administrators – Delta Dental – Group 216 and HealthPartners. The rate is the same no matter which plan administrator is selected.

There are two coverage options:

- **Employee coverage:** covers the employee only as single coverage.
- **Family coverage:** covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$44.92	\$0	\$44.92	\$88.00	\$0	\$88.00	\$132.92	\$0	\$132.92

Semi-Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$22.46	\$0	\$22.46	\$44.00	\$0	\$44.00	\$66.46	\$0	\$66.46

How much do I pay to cover dependents?

You must choose family coverage to cover a spouse and/or dependents in addition to yourself. The family rate is the same regardless of how many dependents you cover. The following example shows the monthly rate an employee pays for family coverage:

Employee Rate +	Dependent Rate =	Family Rate
\$44.92	\$88.00	\$132.92

Dependent rates are shown for informational purposes only.

2024 Life Plan Rates

2024 Life Insurance Plan Rates

Basic Life Insurance

Monthly Rates

LIFE PLAN	Total	State	Employee
Basic Employee Life — MMLB	\$11.64	\$11.64	\$0.00
Manager's Life – 2.0 X — MLMB	\$63.46	\$63.46	\$0.00
Manager's Life – 1.5 X — MLMA	\$43.50	\$43.50	\$0.00

Semi-Monthly Rates

LIFE PLAN	Total	State	Employee
Basic Employee Life — MMLB	\$5.82	\$5.82	\$0.00
Manager's Life – 2.0 X — MLMB	\$31.73	\$31.73	\$0.00
Manager's Life – 1.5 X — MLMA	\$21.75	\$21.75	\$0.00

Optional Employee or Spouse Life Insurance

Cost per \$5,000 in Coverage.

Age of Employee or Spouse	MONTHLY	SEMI-MONTHLY
under age 30	\$0.30	\$0.15
age 30 - 34	\$0.40	\$0.20
age 35 - 39	\$0.46	\$0.23
age 40 - 44	\$0.50	\$0.25
age 45 - 49	\$0.86	\$0.43
age 50 - 54	\$1.56	\$0.78
age 55 - 59	\$2.46	\$1.23
age 60 - 64	\$4.06	\$2.03
age 65 - 69	\$6.50	\$3.25
age 70 – 74	\$10.50	\$5.25
age 75 – 79	\$17.00	\$8.50
age 80 – 84	\$27.50	\$13.75
age 85 – 89	\$55.06	\$27.53

Child Life Insurance

Cost per policy. One policy covers all dependents.

Coverage Amount	MONTHLY	SEMI-MONTHLY
\$10,000	\$0.84	\$0.42

Accidental Death and Dismemberment Insurance

Cost per \$5,000 in Coverage.

MONTHLY	SEMI-MONTHLY
\$0.16	\$0.08

2024 Disability Plan Rates

2024 Disability Plans
Short-Term Disability Insurance

monthly benefit	monthly	semi -monthly
\$300	\$4.08	\$2.04
\$400	\$5.44	\$2.72
\$500	\$6.80	\$3.40
\$600	\$8.16	\$4.08
\$700	\$9.52	\$4.76
\$800	\$10.88	\$5.44
\$900	\$12.24	\$6.12
\$1,000	\$13.60	\$6.80
\$1,100	\$14.96	\$7.48
\$1,200	\$16.32	\$8.16
\$1,300	\$17.68	\$8.84
\$1,400	\$19.04	\$9.52
\$1,500	\$20.40	\$10.20
\$1,600	\$21.76	\$10.88
\$1,700	\$23.12	\$11.56
\$1,800	\$24.48	\$12.24
\$1,900	\$25.84	\$12.92
\$2,000	\$27.20	\$13.60
\$2,100	\$28.56	\$14.28
\$2,200	\$29.92	\$14.96
\$2,300	\$31.28	\$15.64
\$2,400	\$32.64	\$16.32
\$2,500	\$34.00	\$17.00
\$2,600	\$35.36	\$17.68
\$2,700	\$36.72	\$18.36
\$2,800	\$38.08	\$19.04
\$2,900	\$39.44	\$19.72
\$3,000	\$40.80	\$20.40
\$3,100	\$42.16	\$21.08
\$3,200	\$43.52	\$21.76
\$3,300	\$44.88	\$22.44
\$3,400	\$46.24	\$23.12
\$3,500	\$47.60	\$23.80
\$3,600	\$48.96	\$24.48
\$3,700	\$50.32	\$25.16
\$3,800	\$51.68	\$25.84
\$3,900	\$53.04	\$26.52
\$4,000	\$54.40	\$27.20
\$4,100	\$55.76	\$27.88
\$4,200	\$57.12	\$28.56
\$4,300	\$58.48	\$29.24
\$4,400	\$59.84	\$29.92
\$4,500	\$61.20	\$30.60
\$4,600	\$62.56	\$31.28
\$4,700	\$63.92	\$31.96
\$4,800	\$65.28	\$32.64
\$4,900	\$66.64	\$33.32
\$5,000	\$68.00	\$34.00

You may enroll in short-term disability in amounts up to 2/3 of your gross monthly salary.

2024 Disability Plans

Long-term disability insurance

gross annual	max monthly benefit from all sources	max monthly benefit payable	monthly cost	semi monthly cost
\$6,001 - \$6,500	\$300	\$300	\$1.50	\$0.75
\$6,501 - \$7,000	\$350	\$350	\$1.75	\$0.88
\$7,001 - \$8,000	\$400	\$400	\$2.00	\$1.00
\$8,001 - \$9,000	\$450	\$450	\$2.25	\$1.13
\$9,001 - \$10,000	\$500	\$500	\$2.50	\$1.25
\$10,001 - \$11,000	\$550	\$550	\$2.75	\$1.38
\$11,001 - \$12,000	\$600	\$600	\$3.00	\$1.50
\$12,001 - \$12,500	\$650	\$650	\$3.25	\$1.63
\$12,501 - \$13,000	\$700	\$700	\$3.50	\$1.75
\$13,001 - \$14,000	\$750	\$750	\$3.75	\$1.88
\$14,001 - \$15,000	\$800	\$800	\$4.00	\$2.00
\$15,001 - \$16,000	\$850	\$850	\$4.25	\$2.13
\$16,001 - \$18,000	\$900	\$900	\$4.50	\$2.25
\$18,001 - \$19,000	\$950	\$950	\$4.75	\$2.38
\$19,001 - \$20,000	\$1,000	\$1,000	\$5.00	\$2.50
\$20,001 - \$22,000	\$1,100	\$1,100	\$5.50	\$2.75
\$22,001 - \$24,000	\$1,200	\$1,200	\$6.00	\$3.00
\$24,001 - \$26,000	\$1,300	\$1,300	\$6.50	\$3.25
\$26,001 - \$28,000	\$1,400	\$1,400	\$7.00	\$3.50
\$28,001 - \$30,000	\$1,500	\$1,500	\$7.50	\$3.75
\$30,001 - \$32,000	\$1,600	\$1,600	\$8.00	\$4.00
\$32,001 - \$34,000	\$1,700	\$1,700	\$8.50	\$4.25
\$34,001 - \$36,000	\$1,800	\$1,800	\$9.00	\$4.50
\$36,001 - \$38,000	\$1,900	\$1,900	\$9.50	\$4.75
\$38,001 - \$40,000	\$2,000	\$2,000	\$10.00	\$5.00
\$40,001 - \$42,000	\$2,100	\$2,100	\$10.50	\$5.25
\$42,001 - \$44,000	\$2,200	\$2,200	\$11.00	\$5.50
\$44,001 - \$46,000	\$2,300	\$2,300	\$11.50	\$5.75
\$46,001 - \$48,000	\$2,400	\$2,400	\$12.00	\$6.00
\$48,001 - \$50,000	\$2,500	\$2,500	\$12.50	\$6.25
\$50,001 - \$52,000	\$2,600	\$2,600	\$13.00	\$6.50
\$52,001 - \$54,000	\$2,700	\$2,700	\$13.50	\$6.75
\$54,001 - \$56,000	\$2,800	\$2,800	\$14.00	\$7.00
\$56,001 - \$58,000	\$2,900	\$2,900	\$14.50	\$7.25
\$58,001 - \$60,000	\$3,000	\$3,000	\$15.00	\$7.50
\$60,001 - \$61,000	\$3,100	\$3,100	\$15.50	\$7.75
\$61,001 - \$62,000	\$3,200	\$3,200	\$16.00	\$8.00
\$62,001 - \$63,000	\$3,300	\$3,300	\$16.50	\$8.25

gross annual	max monthly benefit from all sources	max monthly benefit payable	monthly cost	semi monthly cost
\$63,001 - \$64,000	\$3,400	\$3,400	\$17.00	\$8.50
\$64,001 - \$65,000	\$3,500	\$3,500	\$17.50	\$8.75
\$65,001 - \$67,000	\$3,600	\$3,600	\$18.00	\$9.00
\$67,001 - \$69,000	\$3,700	\$3,700	\$18.50	\$9.25
\$69,001 - \$71,500	\$3,800	\$3,800	\$19.00	\$9.50
\$71,501 - \$73,000	\$3,900	\$3,900	\$19.50	\$9.75
\$73,001 - \$75,000	\$4,000	\$4,000	\$20.00	\$10.00
\$75,001 - \$77,000	\$4,100	\$4,100	\$20.50	\$10.25
\$77,001 - \$79,000	\$4,200	\$4,200	\$21.00	\$10.50
\$79,001 - \$81,000	\$4,300	\$4,300	\$21.50	\$10.75
\$81,001 - \$83,000	\$4,400	\$4,400	\$22.00	\$11.00
\$83,001 - \$85,000	\$4,500	\$4,500	\$22.50	\$11.25
\$85,001 - \$87,000	\$4,600	\$4,600	\$23.00	\$11.50
\$87,001 - \$89,000	\$4,700	\$4,700	\$23.50	\$11.75
\$89,001 - \$91,000	\$4,800	\$4,800	\$24.00	\$12.00
\$91,001 - \$93,000	\$4,900	\$4,900	\$24.50	\$12.25
\$93,001 - \$96,000	\$5,000	\$5,000	\$25.00	\$12.50
\$96,001 - \$98,000	\$5,100	\$5,100	\$25.50	\$12.75
\$98,001 - \$100,000	\$5,200	\$5,200	\$26.00	\$13.00
\$100,001 - \$102,000	\$5,300	\$5,300	\$26.50	\$13.25
\$102,001 - \$104,000	\$5,400	\$5,400	\$27.00	\$13.50
\$104,001 - \$106,000	\$5,500	\$5,500	\$27.50	\$13.75
\$106,001 - \$108,000	\$5,600	\$5,600	\$28.00	\$14.00
\$108,001 - \$110,000	\$5,700	\$5,700	\$28.50	\$14.25
\$110,001 - \$112,000	\$5,800	\$5,800	\$29.00	\$14.50
\$112,001 - \$114,000	\$5,900	\$5,900	\$29.50	\$14.75
\$114,001 - \$116,000	\$6,000	\$6,000	\$30.00	\$15.00
\$116,001 - \$118,000	\$6,100	\$6,100	\$30.50	\$15.25
\$118,001 - \$120,000	\$6,200	\$6,200	\$31.00	\$15.50
\$120,001 - \$122,000	\$6,300	\$6,300	\$31.50	\$15.75
\$122,001 - \$124,000	\$6,400	\$6,400	\$32.00	\$16.00
\$124,001 - \$126,000	\$6,500	\$6,500	\$32.50	\$16.25
\$126,001 - \$128,000	\$6,600	\$6,600	\$33.00	\$16.50
\$128,001 - \$130,000	\$6,700	\$6,700	\$33.50	\$16.75
\$130,001 - \$132,000	\$6,800	\$6,800	\$34.00	\$17.00
\$132,001 - \$133,500	\$6,900	\$6,900	\$34.50	\$17.25
\$133,501 - \$135,500	\$7,000	\$7,000	\$35.00	\$17.50

The maximum benefit from all sources is the most you can expect to receive from all sources of disability income, including but not limited to, state disability retirement, workers' compensation, Social Security, and any other income you may receive.

2024 Disability Plans

Manager's Long-Term Disability Insurance

Monthly amount – Per \$100 Monthly Salary

Manager's IPP Plan A

Plan A elimination period	Total	State	Employee
150 Day	\$0.20	\$0.20	\$0.00
120 Day	\$0.22	\$0.20	\$0.02
90 Day	\$0.24	\$0.20	\$0.04
60 Day	\$0.27	\$0.20	\$0.07
30 Day	\$0.30	\$0.20	\$0.10

Plan A = life insurance equals 1 ½ x salary

Manager's IPP Plan B

Plan B elimination period	Total	State	Employee
150 Day	\$0.20	\$0.00	\$0.20
120 Day	\$0.22	\$0.00	\$0.22
90 Day	\$0.24	\$0.00	\$0.24
60 Day	\$0.27	\$0.00	\$0.27
30 Day	\$0.30	\$0.00	\$0.30

Plan B = life insurance equals 2x salary

2024 Vision Plan Rates

2024 Vision Plan Rates

Employee Cost	Monthly	Semi-monthly
Single Coverage	\$4.90	\$2.45
Family Coverage	\$14.06	\$7.03