

CLAREMONT UNIVERSITY CONSORTIUM

Serving THE CLAREMONT COLLEGES

2017 Employee Rates¹

Medical Plans	Kaiser Permanente HMO			Anthem Blue Cross HMO (California Care)			Anthem Lumenos HDHP		
	Monthly	Bi-Weekly	Semi-Monthly	Monthly	Bi-Weekly	Semi-Monthly	Monthly	Bi-Weekly	Semi-Monthly
Employee Only	\$45.46	\$20.98	\$22.73	\$53.34	\$24.62	\$26.67	\$57.60	\$26.58	\$28.80
Two Party	\$190.91	\$88.11	\$95.46	\$223.99	\$103.38	\$112.00	\$242.15	\$111.76	\$121.08
Family	\$409.10	\$188.82	\$204.55	\$479.54	\$221.33	\$239.77	\$520.28	\$240.13	\$260.14

Dental Plans ²	Cigna Dental DHMO			Cigna Dental PPO		
	Monthly	Bi-Weekly	Semi-Monthly	Monthly	Bi-Weekly	Semi-Monthly
Employee Only	\$4.18	\$1.93	\$2.09	\$48.96	\$22.60	\$24.48
Two Party	\$14.85	\$6.85	\$7.43	\$102.96	\$47.52	\$51.48
Family	\$32.15	\$14.84	\$16.08	\$210.05	\$96.95	\$105.03

Vision Plans	Vision Core			Vision Buy-Up		
	Monthly	Bi-Weekly	Semi-Monthly	Monthly	Bi-Weekly	Semi-Monthly
Employee Only	\$0.00	\$0.00	\$0.00	\$6.42	\$2.96	\$3.21
Two Party	\$1.36	\$0.63	\$0.68	\$10.83	\$5.00	\$5.42
Family	\$3.05	\$1.41	\$1.53	\$17.95	\$8.28	\$8.98

¹ Imputed income taxation applies when enrolling a domestic partner; please see your benefits representative for additional information.

² RSABG employees pay 100% of the premium for dental coverage.

Monthly Supplemental Life Insurance Rates

Rates for employees and spouse/domestic partner are based on the employee's age as of January 1, 2017.

Age	Monthly Rate (per \$1,000 of coverage)
Under 30	\$ 0.03
30-34	0.04
35-39	0.06
40-44	0.10
45-49	0.15
50-54	0.23
55-59	0.41
60-64	0.63
65-69	1.27
70 +	2.06

Dependent Child(ren) Life Insurance

Monthly Rate (for \$5,000 of coverage)
\$ 0.35

Monthly Accidental Death & Dismemberment Insurance (AD&D) Rates

Coverage amounts in excess of \$250,000 may not exceed 10 times annual base salary to a maximum of \$500,000. Principal sum amount cannot be increased after age 70. Coverage for children is 30% of the principal sum up to a maximum of \$50,000.

Principal Sum	Employee Only Coverage	Family Coverage
\$ 25,000	\$ 0.50	\$ 0.98
50,000	1.00	1.95
75,000	1.50	2.93
100,000	2.00	3.90
125,000	2.50	4.88
150,000	3.00	5.85
175,000	3.50	6.83
200,000	4.00	7.80
225,000	4.50	8.78
250,000	5.00	9.75
275,000	5.50	10.73
300,000	6.00	11.70
325,000	6.50	12.68
350,000	7.00	13.65
375,000	7.50	14.63
400,000	8.00	15.60
425,000	8.50	16.58
450,000	9.00	17.55
475,000	9.50	18.53
500,000	10.00	19.50