## **2026 Benefit Rates**





(24 pay periods pe	: year)					SYST	EM
Medical - Classic	Total	ASU		Medical - Premier	Total	ASU	Employee
Employee only	\$365.00	\$305.00		Employee only	\$377.00	\$305.00	\$72.00
Employee + Spouse Employee + Child(ren)	\$720.50 \$568.00	\$485.50 \$391.00		Employee + Spouse Employee + Child(ren)	\$742.50 \$586.00	\$485.50 \$391.00	\$257.00 \$195.00
Family	\$905.00	\$645.00	\$260.00		\$933.50	\$643.00	\$290.50
Medical - Health Savings Plan	Total	ASU	Employee		<u> </u>	70.000	,
Employee only	\$329.50	\$303.50	\$26.00				
Employee + Spouse	\$653.00	\$490.50	\$162.50				
Employee + Child(ren)	\$515.00	\$389.00	\$126.00				
Family	\$821.00	\$648.50	\$172.50				
Dental - Low				Dental -High			Employee
Employee only				Employee only			\$23.16
Employee + Spouse Employee + Child(ren)				Employee + Spouse Employee + Child(ren)			\$48.39 \$46.51
Family				Family			\$72.61
Life/AD&D Insurance				Vision			Employee
Per \$1,000 of annual salary				Employee only			\$4.07
Maximum Coverage 1.5 x annual salary, maximum \$50,000			, ,	Employee + Spouse			\$7.56
				Employee + Child(ren)			\$7.71
				Family			\$11.68
Employee Optional Life <sup>1</sup>			Employee	Spouse Optional Life			Employee
Your Current Age (Rates per \$25,0	000 of coverag	e)		Employee's Current Age (Ra	ates per \$5,000 o	f coverage)	
less than 30			\$0.95				\$0.19
30 but less than 35 35 but less than 40				30 but less than 35 35 but less than 40			\$0.22 \$0.28
40 but less than 45				40 but less than 45			\$0.28
45 but less than 50				45 but less than 50			\$0.66
50 but less than 55			\$5.30	50 but less than 55			\$1.06
55 but less than 60				55 but less than 60			\$1.66
60 but less than 65			\$12.75	60 but less than 65		1:6.	\$2.55
65 and over contact HR for rates a	and coverage i	evei.		Must purchase Optional Lif	e to purchase Sp	ouse Life.	
Basic Dependent Life	_			Optional Child Life			Employee
Per Covered employee (\$2,000 per eligible dependent)			\$0.28	\$5,000 \$10,000			\$0.50 \$1.00
Optional AD&D Insurance			Employee				
Employee Only				Optional AD&D Insurance Family			Employee \$0.80
(Per \$25,000 of Coverage)			\$0.50	(Per \$25,000 Employee/\$12	2.500 Spouse/\$2.	500 Child)	Ç0.80
Short Term Disability (STD) <sup>2</sup>				Short Term Disability (STD)		see erma,	
Per \$150 of coverage – 14 day eli	mination		Employee	Per \$150 of coverage – 7 d			Employee
less than 25	Illination		\$3.06	_	ay cillilliation		\$3.48
25 but less than 30				25 but less than 30			\$3.42
30 but less than 35				30 but less than 35			\$3.66
35 but less than 45			\$3.72	35 but less than 45			\$4.14
45 but less than 50				45 but less than 50			\$4.92
50 but less than 55				50 but less than 55			\$5.82
55 but less than 60 60 but less than 65				55 but less than 60			\$6.96 \$9.18
over 65			Ş0.ZZ	60 but less than 65 over 65			35.16
Critical Care Insurance - Employe	e and Child(re	n)		Spouse Critical Care Insura	nce (50% of EE co	overage)	
Your Current Age (Rates per \$10,			Employee	Employee's Current Age		g=,	Employee
less than 25	Joo of coverag	,c/	\$1.67	less than 25			\$2.96
25 but less than 30				25 but less than 30			\$3.48
30 but less than 35				30 but less than 35			\$4.16
35 but less than 40			\$3.17	35 but less than 40			\$5.21
40 but less than 45				40 but less than 45			\$6.71
45 but less than 50				45 but less than 50			\$8.81
50 but less than 55 55 but less than 60				50 but less than 55			\$11.51
60 but less than 65				55 but less than 60 60 but less than 65			\$15.48 \$21.56
65 but less than 70				65 but less than 70			\$31.01
70 but less than 75				70 but less than 75			\$46.98
75 and over			\$38.77	75 and over			\$58.61
				Employee must purchase C	ritical Illness to p	urchase spouse co	overage.
				Maximum not to exceed 50	% of employee b	enefit.	
Long Term Disability	Total	ASU	Employee	Other Benefits			Employee
Per \$100 of monthly salary	0.11	0.11	0	Cancer Insurance – 3 levels			
Accident Insurance			Employee	Rates without riders range	from \$8.73 to \$2	8.25	
Employee only			\$4.57		Services Emer	gent Plus	\$7.00
Employee + Spouse			\$8.29				
Employee + Child(ren)			\$9.42				
Family  1 Ontional Life Incurance is lim	ited to five t	imac vaur an	\$13.14 pual calany Ra		novo to a novi	ago tion 2Chest	Torm
<sup>1</sup> Optional Life Insurance is lim		-	-	-		_	
Disability is available in additi	onai increme	ents of \$50 to	a maximum o	i Şouu per week, limited	to 66% of your	weekly salary.	kates Will

Disability is available in additional increments of \$50 to a maximum of \$600 per week, limited to 66% of your weekly salary. Rates will increase as you move to a new age tier. Please refer to your summary plan descriptions for eligibility and coverage.

Prepared by ASU System Office 11/18/2025