

# NOAO/CAS/LSST CHILE EXPAT EMPLOYEES



## REGULAR FULL-TIME PREMIUMS

### 2017 PLAN YEAR

TOTAL MONTHLY PREMIUM	EMPLOYER PREMIUM		EMPLOYEE PREMIUM	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly

#### MEDICAL

C H I L E	MetLife INTERNATIONAL					
	EE Only	\$482.83	\$482.83	\$222.84	\$0.00	\$0.00
	EE + One Dependent	\$1,120.38	\$801.61	\$369.97	\$318.78	\$147.13
	EE + Family	\$1,744.43	\$1,113.63	\$513.98	\$630.80	\$291.14
					*premiums capped at 5% of salary	

#### DENTAL

C H I L E	MetLife INTERNATIONAL					
	EE Only	\$37.50	\$37.50	\$17.31	\$0.00	\$0.00
	EE + One Dependent	\$87.00	\$62.25	\$28.73	\$24.75	\$11.42
	EE + Family	\$135.45	\$86.48	\$39.91	\$48.98	\$22.60
					*premiums capped at .5% of salary	

#### LIFE INSURANCE

Voluntary Life	MONTHLY PREMIUM PER \$10,000 COVERAGE			
CIGNA Group Insurance	EE Smoker	EE Non-Smoker	Spouse	Child(ren)
<25	\$1.27	\$0.67	\$0.60	\$1.20
25-29	\$1.27	\$0.67	\$0.75	
30-34	\$1.42	\$0.75	\$0.97	
35-39	\$1.80	\$0.97	\$1.12	
40-44	\$2.92	\$1.57	\$1.20	
45-49	\$5.02	\$2.62	\$1.80	
50-54	\$8.62	\$4.27	\$2.85	
55-59	\$14.10	\$7.57	\$5.25	
60-64	\$16.27	\$9.30	\$8.10	
65-69	\$26.92	\$16.57	\$15.55	
70-74	\$42.07	\$28.05		

Voluntary AD&D	MONTHLY PREMIUM PER \$1,000 COVERAGE
CIGNA Group Insurance	
Employee	\$0.02
Spouse	\$0.02