

NOAO/CAS/LSST CHILE EXPAT EMPLOYEES

REGULAR FULL-TIME PREMIUMS



2018 PLAN YEAR

Updated 10/20/2017

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

MEDICAL

C H I L E	MetLife INTERNATIONAL					
		TOTAL MONTHLY PREMIUM	EMPLOYER PREMIUM Monthly	EMPLOYER PREMIUM Bi-Weekly	EMPLOYEE PREMIUM Monthly	EMPLOYEE PREMIUM Bi-Weekly
	EE Only	\$506.97	\$506.97	\$233.99	\$0.00	\$0.00
	EE + One Dependent	\$1,176.40	\$841.69	\$388.47	\$334.72	\$154.48
EE + Family	\$1,831.65	\$1,169.31	\$539.68	\$662.34	\$305.70	
					*premiums capped at 5% of salary	

DENTAL

C H I L E	MetLife INTERNATIONAL					
		TOTAL MONTHLY PREMIUM	EMPLOYER PREMIUM Monthly	EMPLOYER PREMIUM Bi-Weekly	EMPLOYEE PREMIUM Monthly	EMPLOYEE PREMIUM Bi-Weekly
	EE Only	\$39.38	\$39.38	\$18.18	\$0.00	\$0.00
	EE + One Dependent	\$91.35	\$65.37	\$30.17	\$25.99	\$11.99
EE + Family	\$142.22	\$90.80	\$41.91	\$51.42	\$23.73	
					*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