

Premium Rate Of All Benefits, except Medical

7/1/2025

75%-100% Appointed Monthly	12 Mon	9 Mon
Employee Only	\$16.32	\$23.04
Employee & Spouse	\$33.66	\$47.52
Employee & Child(ren)	\$28.42	\$40.10
Emp. Spouse & Child(ren)	\$45.76	\$65.58

Dental Premiums Above

	BASIC		ENHANCED	
	12 Mon	9 Mon*	12 Mon	9 Mon*
Employee Only	\$2.34	\$3.31	\$4.74	\$6.69
Employee & Spouse	\$4.65	\$6.57	\$9.37	\$13.23
Employee & Child(ren)	\$4.55	\$6.43	\$9.18	\$12.97
Family	\$6.92	\$9.78	\$13.96	\$19.71

Vision Premiums Above

Coverage	Semi-Monthly Cost – paid with after tax dollars		
BASIC LIFE INSURANCE	Coverage is mandatory & 100% paid by the University.		
ADDITIONAL LIFE INSURANCE	Coverage is optional & 100% paid by the employee.		
	Current Age	12 Mon	9 Mon
	Less than 30	\$0.037	\$ 0.049
	30 but <35	\$0.053	\$0.071
	35 but < 40	\$0.060	\$0.080
	40 but <45	\$0.075	\$0.100
To calculate your semi-monthly premium: 1. Multiply annual salary by 1, 2, 3 or 4 (based on coverage election). Round to next \$1,000. Cap at \$750,000.			

2. Divide by 1,000 3. Multiply by Age Rate 4. Divide by 2	45 but <50	\$0.112	\$0.149
	50 but <55	\$0.172	\$0.231
	55 but <60	\$0.321	\$0.428
	60 but <65	\$0.493	\$0.657
	65 but <70	\$0.950	\$1.267
	70 and older	\$1.533	\$2.071
DEPENDENTS LIFE INSURANCE	Coverage is optional & 100% paid by the employee.		
	Coverage	12 Mon	9 Mon*
	\$10,000	\$1.43	\$2.01
	\$15,000	\$2.14	\$3.01
	\$20,000	\$2.85	\$4.02

Reduction in coverage for Basic Life & Optional Life

- If you reach age 70 but not age 75, coverage reduces by 35% of pre-age 70 coverage.
- If you reach age 75 or more, coverage reduces by 50% of pre-age 70 coverage.

Worldwide Emergency Travel Assistance is provided to you and eligible family members as part of your Basic Life Insurance. When traveling for business or pleasure, in a foreign country or 100 miles or more away from home, you can count on getting help in the event of an emergency. This is not an insurance plan and will not pay bills but instead will provide you with assistance.

Dependent and Optional Employee Life Above

Coverage	Semi-Monthly Cost – paid with after tax dollars					
	12Mon	<u>Single</u>	<u>Family</u>	9 Mon*	<u>Single</u>	<u>Family</u>
\$25,000		\$0.19	\$0.38		\$0.27	\$0.53
\$50,000		\$0.38	\$0.75		\$0.53	\$1.06
\$75,000		\$0.56	\$1.13		\$0.80	\$1.59
\$100,000		\$0.75	\$1.50		\$1.06	\$2.12

\$125,000	\$0.94	\$1.88	\$1.33	\$2.65
\$150,000	\$1.13	\$2.25	\$1.59	\$3.18
\$175,000	\$1.32	\$2.63	\$1.86	\$3.71
\$200,000	\$1.50	\$3.00	\$2.12	\$4.24
\$225,000	\$1.69	\$3.38	\$2.39	\$4.76
\$250,000	\$1.88	\$3.75	\$2.65	\$5.29
\$275,000	\$2.06	\$4.13	\$2.92	\$5.82
\$300,000	\$2.25	\$4.50	\$3.18	\$6.35

ADD Premium Above

Coverage	Semi-Monthly Cost – paid with after tax dollars	
BASIC LTD	Coverage is mandatory & 100% paid by the University.	
OPTIONAL LTD	Coverage is optional & 100% paid by the employee.	
	\$0.546 per \$100.00 of covered pay	
	Formula for calculating semi-monthly cost:	
	12 Month	9 Month*
	1. Divide annual salary by 24	1. Divide annual salary by 17
	2. Subtract 1,666.67	2. Subtract 2,222.22
	3. Divide by 100	3. Divide by 100
	4. Multiply by \$0.430 for cost	4. Multiply by \$0.430 for cost

Basic and Optional Disability Above

Accident Protection

Premiums	Option 1	Option 2	Option 3
Employee Only	\$1.91	\$2.52	\$3.33
Employee + Spouse	\$3.03	\$4.00	\$5.29
Employee + Child(ren)	\$3.53	\$4.85	\$6.57
Employee + Family	\$5.50	\$7.50	\$10.12

Hospital Indemnity Protection Plan

Base Plan Benefits	Option 1	Option 2	Option 3
Hospital/ICU Admission*	\$500	\$1,000	\$1,500
Hospital Confinement	\$100	\$150	\$200
ICU Confinement	\$100	\$150	\$200

For a complete list of all covered conditions and benefit payment amounts, see your [official plan documents](#).

Premium			
Employee Only	\$2.87	\$4.75	\$6.63
Employee + Spouse	\$5.67	\$9.42	\$13.15
Employee + Child(ren)	\$4.81	\$8.17	\$11.54
Employee + Family	\$8.08	\$13.67	\$19.26