UNIVERSITY OF HARTFORD

Calendar Year 2027 Regular Part-time Faculty and Staff Health Insurance Rates

(30 hours or more per week)

Aetna Group Medical Insurance

	High-Deductible Based Plan		Point of Service Plan	
Employee Only	**Employee Contribution**	**University Contribution**	**Employee Contribution**	**University Contribution**
Full Year Part-time Faculty and Staff (24 Pays)* pre-tax payroll deduction	$110.27	$438.47	$743.61	-
Academic Year Part-time Faculty and Staff (20 Pays)** pre-tax payroll deduction	$132.33	$526.16	$892.33	-
Monthly post-tax direct billing	$220.54	$876.94	$1,487.21	-
Employee + Spouse	**Employee Contribution**	**University Contribution**	**Employee Contribution**	**University Contribution**
Full Year Part-time Faculty and Staff (24 Pays)* pre-tax payroll deduction	$1,063.45	-	$1,441.09	-
Academic Year Part-time Faculty and Staff (20 Pays)** pre-tax payroll deduction	$1,276.13	-	$1,729.31	-
Monthly post-tax direct billing	$2,126.89	-	$2,882.18	-
Employee + Child(ren)	**Employee Contribution**	**University Contribution**	**Employee Contribution**	**University Contribution**
Full Year Part-time Faculty and Staff (24 Pays)* pre-tax payroll deduction	$936.70	-	$1,229.55	-
Academic Year Part-time Faculty and Staff (20 Pays)** pre-tax payroll deduction	$1,124.03	-	$1,529.45	-
Monthly post-tax direct billing	$1,873.39	-	$2,549.09	-
Employee + Spouse + Child(ren)	**Employee Contribution**	**University Contribution**	**Employee Contribution**	**University Contribution**
Full Year Part-time Faculty and Staff (24 Pays)* pre-tax payroll deduction	$1,564.45	-	$2,120.00	-
Academic Year Part-time Faculty and Staff (20 Pays)** pre-tax payroll deduction	$1,877.34	-	$2,544.00	-
Monthly post-tax direct billing	$3,128.90	-	$4,240.00	-

Aetna Freedom of Choice Dental Insurance

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Children
Full Year (12 months)* pre-tax payroll deduction	$22.23	$39.18	$55.06	$63.42
Academic Year (10 months)**pre-tax payroll deduction	$26.68	$47.02	$66.07	$76.10
Monthly post-tax direct billing	$44.46	$78.36	$110.12	$126.84

United Healthcare Vision Insurance

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Children
Full Year (12 months)* pre-tax payroll deduction	$2.42	$4.58	$5.37	$7.55
Academic Year (10 months)**pre-tax payroll deduction	$2.90	$5.49	$6.44	$9.06
Monthly post-tax direct billing	$4.83	$9.15	$10.74	$15.10

Standard Supplemental Life Insurance

Benefit Amount	Monthly Cost Per $1,000 of Coverage
1x, 2x, 3x or 4x Base/Contracted Annual Salary	$0.420(12 month employee)/$0.504(10 month employee
	Guaranteed Issue Amount is $250,000

Standard Spousal Life Insurance

Benefit Amount	Per Pay Premium (20 Pays)	Per Pay Premium (24 Pays)
$10,000.00	$2.34	$1.95
$20,000.00	$4.68	$3.90
$30,000.00	$7.02	$5.85
$40,000.00	$9.36	$7.80
$5,000.00	$11.70	$9.75
$60,000.00	$14.04	$11.70
$70,000.00	$16.38	$13.65
$80,000.00	$18.72	$15.60
$90,000.00	$21.06	$17.55
$100,000.00	$23.40	$19.50
	Guaranteed Issue Amount is $30,000	

Standard Dependent Child(ren) Life Insurance		
Benefit Amount	Per Pay Premium (20 Pays)	Per Pay Premium (24 Pays)
$5,000.00	$0.30	$0.25
$10,000.00	$0.60	$0.50
$15,000.00	$0.90	$0.75
$20,000.00	$1.20	$1.00
$25,000.00	$1.50	$1.25

Cigna Personal Accident Insurance				
Benefit Amount	Per Pay Premium Employee Only 20 Pays	Per Pay Premium Family Coverage 20 Pays	Per Pay Premium Employee Only 24 Pays	Per Pay Premium Family Coverage 24 Pays
$10,000.00	$0.18	$0.34	$0.15	$0.29
$50,000.00	$0.90	$1.71	$0.75	$1.43
$100,000.00	$1.80	$3.42	$1.50	$2.85
$150,000.00	$2.70	$5.13	$2.25	$4.28
$200,000.00	$3.60	$6.84	$3.00	$5.70
$300,000.00	$5.40	$10.26	$4.50	$8.55

*Calculated on 24 payroll deductions

**Calculated on 20 payroll deductions