

**Calendar Year 2020 Regular Part-time Faculty and Staff Health Insurance Rates**

(30 hours or more per week)

<b>Aetna Group Medical Insurance</b>						
	<b>High Deductible-based Plan</b>		<b>Deductible-based Plan</b>		<b>Point of Service Plan</b>	
	<b>Employee Contribution</b>	<b>University Contribution</b>	<b>Employee Contribution</b>	<b>University Contribution</b>	<b>Employee Contribution</b>	<b>University Contribution</b>
<b>Employee Only</b>						
Full Year Part-time Faculty and Staff (24 Pays)* pre-tax payroll deduction	\$61.48	\$301.75	\$432.42	-	\$551.29	-
Academic Year Part-time Faculty and Staff (20 Pays)** pre-tax payroll deduction	\$73.78	\$362.10	\$518.90	-	\$661.55	-
Monthly post-tax direct billing	\$122.96	\$603.50	\$864.84	-	\$1,102.58	-
<b>Employee + Spouse</b>						
Full Year Part-time Faculty and Staff (24 Pays)* pre-tax payroll deduction	\$703.93	-	\$838.03	-	\$1,068.38	-
Academic Year Part-time Faculty and Staff (20 Pays)** pre-tax payroll deduction	\$844.72	-	\$1,005.64	-	\$1,282.06	-
Monthly post-tax direct billing	\$1,407.86	-	\$1,676.06	-	\$2,136.76	-
<b>Employee + Child(ren)</b>						
Full Year Part-time Faculty and Staff (24 Pays)* pre-tax payroll deduction	\$620.03	-	\$738.14	-	\$941.04	-
Academic Year Part-time Faculty and Staff (20 Pays)** pre-tax payroll deduction	\$744.04	-	\$885.77	-	\$1,129.25	-
Monthly post-tax direct billing	\$1,240.06	-	\$2,465.64	-	\$1,882.08	-
<b>Employee + Spouse + Child(ren)</b>						
Full Year Part-time Faculty and Staff (24 Pays)* pre-tax payroll deduction	\$1,035.56	-	\$1,232.82	-	\$1,571.70	-
Academic Year Part-time Faculty and Staff (20 Pays)** pre-tax payroll deduction	\$1,242.67	-	\$1,479.38	-	\$1,886.04	-
Monthly post-tax direct billing	\$2,071.12	-	\$2,465.64	-	\$3,143.40	-

<b>Aetna Freedom of Choice Dental Insurance</b>				
	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Child(ren)</b>	<b>Employee + Spouse + Child(ren)</b>
Full Year (12 months)* pre-tax payroll deduction	\$16.19	\$28.54	\$40.11	\$46.20
Academic Year (10 months)** pre-tax payroll deduction	\$19.43	\$34.24	\$48.13	\$55.44
Monthly post-tax direct billing	\$32.38	\$57.07	\$80.21	\$92.40

### United Healthcare Vision Insurance

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
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

### Reliance Standard Supplemental Life Insurance

Benefit Amount	Monthly Cost per \$1,000 of Coverage
1x, 2x, 3x or 4x Base/Contracted Annualized Salary	\$0.293

*Guaranteed Issue Amount is \$250,000, with a maximum benefit of \$500,000. Age reduction rules apply.*

### Reliance Standard Spousal Life Insurance

Benefit Amount	Per Pay Premium (20 Pays)	Per Pay Premium (24 Pays)
\$10,000	\$1.60	\$1.35
\$20,000	\$3.24	\$2.70
\$30,000	\$4.86	\$4.05
\$40,000	\$6.48	\$5.40
\$50,000	\$8.10	\$6.75
\$60,000	\$9.72	\$8.10
\$70,000	\$11.34	\$9.45
\$80,000	\$12.96	\$10.80
\$90,000	\$14.58	\$12.15
\$100,000	\$16.20	\$13.50

*Guaranteed Issue Amount is \$30,000.*

### Reliance Standard Dependent Child(ren) Life Insurance

Benefit Amount	Per Pay Premium (20 Pays)	Per Pay Premium (24 Pays)
\$5,000	\$0.470	\$0.39
\$10,000	\$0.940	\$0.78
\$15,000	\$1.400	\$1.17
\$20,000	\$1.870	\$1.56
\$25,000	\$2.340	\$1.95

### Cigna Personal Accident Insurance

Benefit Amount	Per Pay Premium (Employee Only Coverage - 20 Pays)	Per Pay Premium (Family Coverage - 20 Pays)	Per Pay Premium (Employee Only Coverage - 24 Pays)	Per Pay Premium (Family Coverage - 24 Pays)
\$10,000	\$0.18	\$0.34	\$0.15	\$0.29
\$50,000	\$0.90	\$1.71	\$0.75	\$1.43
\$100,000	\$1.80	\$3.42	\$1.50	\$2.85
\$150,000	\$2.70	\$5.13	\$2.25	\$4.28
\$200,000	\$3.60	\$6.84	\$3.00	\$5.70
\$300,000	\$5.40	\$10.26	\$4.50	\$8.55

\* Calculated on 24 payroll deductions  
 \*\* Calculated on 20 payroll deductions