Calendar Year 2025 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	\$109.18	\$415.93	\$711.59		
Academic Year Part-time Faculty and Staff (20 Pays)** pre-tax payroll deduction	\$131.02	\$499.12	\$853.90	-	
Monthly post-tax direct billing	\$218.36	\$831.86	\$1,423.17	-	
Employee + Spouse	Employee Contribution	University Contribution	Employee Contribution	University Contribution	
Full Year Part-time Faculty and Staff (24 Pays)* pre-tax payroll deduction Academic Year Part-time Faculty and Staff (20 Pays)** pre-tax payroll deduction	\$1,017.65 \$1,221.18	-	\$1,379.04 \$1,654.84	-	
Monthly post-tax direct billing	\$2,035.30	-	\$2,758.07	-	
Employee + Child(ren)	Employee Contribution	University Contribution	Employee Contribution	University Contribution	
Full Year Part-time Faculty and Staff (24 Pays)* pre-tax payroll deduction	\$896.36	-	\$1,219.66		
Academic Year Part-time Faculty and Staff (20 Pays)** pre-tax payroll deduction	\$1,075.63	-	\$1,463.59	-	
Monthly post-tax direct billing	\$1,792.72		\$2,439.32	-	
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	\$1,497.08	-	\$2,028.71	-	
Academic Year Part-time Faculty and Staff (20 Pays)** pre-tax payroll deduction	\$1,796.50	-	\$2,434.45	-	
Monthly post-tax direct billing	\$2,994.16	-	\$4,057.42	-	

Aetna Freedom of Choice Dental Insurance					
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)	
Full Year (12 months)* pre-tax payroll deduction	\$19.41	\$34.21	\$48.07	\$55.37	
Academic Year (10 months)** pre-tax payroll deduction	\$23.29	\$41.05	\$57.68	\$66.45	
Monthly post-tax direct billing	\$38.82	\$68.42	\$96.14	\$110.74	

United Healthcare Vision Insurance				
Full Year (12 months)* pre-tax payroll deduction Academic Year (10 months)** pre-tax payroll deduction	Employee Only \$2.42 \$2.90	Employee + Spouse \$4.58 \$5.49	Employee + Child(ren) \$5.37 \$6.44	Employee + Spouse + Child(ren) \$7.55 \$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 Annualized Salary	\$0.290(24 pays)/\$0.348(20 pays)			
	Guaranteed Issue Amount is \$250,000, with a maximum benefit of \$500,000. Age reduction rules apply.			

Standard Spousal Life Insurance						
Benefi	t Amount Per Pay Premium (20 Pays)		24 Pays)			
\$10,00	0 \$1.63	\$1.36				
\$20,00	0 \$3.25	\$2.71				
\$30,00	0 \$4.88	\$4.07				
\$40,00	0 \$6.50	\$5.42				
\$50,00	0 \$8.13	\$6.78				
\$60,00	0 \$9.76	\$8.13				
\$70,00	0 \$11.38	\$9.49				
\$80,00	0 \$13.01	\$10.84				
\$90,00	0 \$14.63	\$12.20				
\$100,0	00 \$16.26	\$13.55				
		Guaranteed Issue Amount i	is \$30,000.			

Standard Dependent Child(ren) Life Insurance						
	Benefit Amount	Per Pay Premium (20 Pays)	Per Pay Premium	(24 Pavs)		
	\$5,000	\$0.21	\$0.17			
	\$10,000	\$0.41	\$0.35			
	\$15,000	\$0.62	\$0.52			
	\$20,000	\$0.83	\$0.69			
	\$25,000	\$1.04	\$0.86			

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