

Calendar Year 2025 Part-time Staff Health Insurance Rates - Under 30 Hours Per Week

Aetna 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	\$525.11	-	\$711.59	-
Academic Year Part-time Faculty and Staff (20 Pays)** pre-tax payroll deduction	\$630.13	-	\$853.90	-
Monthly post-tax direct billing	\$1,050.22	-	\$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	\$1,017.65	-	\$1,379.04	-
Academic Year Part-time Faculty and Staff (20 Pays)** pre-tax payroll deduction	\$1,221.18	-	\$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

	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

Standard Supplemental Life Insurance

Benefit Amount	Monthly Cost per \$1,000 of Coverage
1x, 2x, 3x or 4x Base/Contracted Annualized Salary	\$0.290

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

Standard Spousal Life Insurance

Benefit Amount	Per Pay Premium (20 Pays)	Per Pay Premium (24 Pays)
\$10,000	\$1.63	\$1.36
\$20,000	\$3.25	\$2.71
\$30,000	\$4.88	\$4.07
\$40,000	\$6.50	\$5.42
\$50,000	\$8.13	\$6.78
\$60,000	\$9.76	\$8.13
\$70,000	\$11.38	\$9.49
\$80,000	\$13.01	\$10.84
\$90,000	\$14.63	\$12.20
\$100,000	\$16.26	\$13.55

Standard Dependent Child(ren) Life Insurance

Benefit Amount	Per Pay Premium (20 Pays)	Per Pay Premium (24 Pays)
\$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

** Calculated on 20 payroll deductions