UNIVERSITY OF HARTFORD

# Calendar Year 2026 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 | $20.73 | $36.54 | $51.35 | $59.14 |
| Academic Year (10 months)**pre-tax payroll deduction | $24.88 | $43.85 | $61.62 | $70.97 |
| Monthly post-tax direct billing | $41.46 | $73.08 | $102.17 | $118.28 |

| 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