



2019 International Benefits Rates

	2019 Monthly Rates	University Monthly Contribution	Employee Monthly Contribution	Employee Semi-Monthly	Employee Weekly	COBRA Stateside Rates Monthly
CIGNA Global Medical Plan						
Employee	\$845.53	\$608.78	\$236.75	\$118.38	\$54.63	\$1,940.49
Two-Person	\$1,688.85	\$1,047.09	\$641.76	\$320.88	\$148.10	\$3,875.89
Family	\$2,700.07	\$1,674.04	\$1,026.03	\$513.02	\$236.78	\$6,196.69
CIGNA Employee Assistance Plan (IEAP)*						
Per Employee Rate	\$3.50	100% Paid by Tufts University				
*Enrollment automatically included when employee enrolls in CIGNA Global Medical Plan						
CIGNA Evacuation Benefit (EVAC)*						
Employee	\$7.60	100% Paid by Tufts University				
Two-Person	\$15.20					
Family	\$18.75					
*Enrollment automatically included when employee enrolls in CIGNA Global Medical Plan						
CIGNA Group Term Life 1x Base Annual Earnings up to a Max of \$75,000						
Rate per \$1000 of earnings	\$.94/\$1000	100% Paid by Tufts University				
CIGNA Group Accidental Death & Dismemberment (AD&D) 1x Base Annual Earnings up to a Max of \$150,000						
Rate per \$1000 of earnings	\$.08/\$1000	100% Paid by Tufts University				
CIGNA Long Term Disability (LTD) 60% of Base Salary Maximum monthly benefit of \$10,000						
Rate per \$100 of earnings	\$1.18	100% Employee Paid				
Cost Example: Annual Salary = \$40,000 ($\$40,000 / 12 = \$3333 / 100 \times \$1.18 = \$39.33/\text{month}$ or $\$19.67/\text{Semi-monthly Pay Period}$)						

SUPPLEMENTAL BENEFITS	2019 Monthly Rates	University Monthly Contribution	Employee Monthly Contribution	Employee Semi-Monthly	Employee Weekly	COBRA Rates (102%) Monthly
Delta Dental						
Employee	\$52.64	\$39.48	\$13.16	\$6.58	\$3.04	\$53.69
Two-Person	\$117.89	\$70.73	\$47.16	\$23.58	\$10.88	\$120.25
Family	\$141.04	\$84.62	\$56.42	\$28.21	\$13.02	\$143.86
EyeMed Vision Care						
Employee	\$5.43	N/A	\$5.43	\$2.72	\$1.25	\$5.54
Two-Person	\$10.24	N/A	\$10.24	\$5.12	\$2.36	\$10.44
Family	\$15.00	N/A	\$15.00	\$7.50	\$3.46	\$15.30

Met Law						
Flat Rate Premium	\$18.10	N/A	\$18.10	\$9.05	\$4.18	N/A

Prudential Insurance Supplemental (Employee) Life	
Age	Rate per \$1,000 of Benefits per Month
Under 25	\$0.031
25 – 29	\$0.038
30 – 34	\$0.050
35 – 39	\$0.056
40 – 44	\$0.063
45 – 49	\$0.094
50 – 54	\$0.144
55 – 59	\$0.269
60 – 64	\$0.413
65 – 69	\$0.795
70 & Over	\$1.289
100% Employee Paid Cost Example:	
Employee Age = 36 Annual Salary = \$40,000 ($\$40,000 / \$1,000$) x \$0.056 = \$2.24/month or \$26.88/year	

Prudential Insurance Dependent Life 100% Employee Paid	
Coverage Type	Cost Per Month
Spouse/QDP- \$25,000	\$0.80
Spouse/QDP- \$50,000	\$1.60
Child(ren) - \$10,000	\$0.47

Prudential Insurance Accidental Death and Dismemberment (AD&D) 100% Employee Paid	
Coverage Type	Rate Per \$1,000 of Benefit Per Month
Employee Coverage	\$0.018
Employee Age = 36 Annual Salary = \$40,000 ($\$40,000 / \$1,000$) x \$0.018 = \$0.72/month or \$8.64/year	