



## 2017 Benefits Rates

	2017 Rates	University Monthly Contribution	Employee Monthly Contribution	Employee Semi-Monthly	Employee Weekly
<b>Quality Tiered Plan</b>					
Employee	\$676.43	\$487.03	\$189.40	\$94.70	\$43.71
Two-Person	\$1,535.34	\$951.91	\$583.43	\$291.72	\$134.64
Family	\$1,925.85	\$1,194.03	\$731.82	\$365.91	\$168.88
<b>Traditional Plan</b>					
Employee	\$721.99	\$519.83	\$202.16	\$101.08	\$46.65
Two-Person	\$1,638.71	\$1,016.00	\$622.71	\$311.36	\$143.70
Family	\$2,055.52	\$1,274.42	\$781.10	\$390.55	\$180.25
<b>Value Plan</b>					
Employee	\$585.48	\$490.48	\$95.00	\$47.50	\$21.92
Two-Person	\$1,328.90	\$823.91	\$504.99	\$252.50	\$116.54
Family	\$1,666.90	\$1,033.48	\$633.42	\$316.71	\$146.17
<b>Delta Dental</b>					
Employee	\$50.86	\$38.14	\$12.72	\$6.36	\$2.94
Two-Person	\$113.90	\$68.34	\$45.56	\$22.78	\$10.51
Family	\$136.27	\$81.76	\$54.51	\$27.26	\$12.58
<b>EyeMed Vision Care</b>					
Employee	\$5.43	N/A	\$5.43	\$2.72	\$1.25
Two-Person	\$10.24	N/A	\$10.24	\$5.12	\$2.36
Family	\$15.00	N/A	\$15.00	\$7.50	\$3.46
<b>Met Law</b>					
Flat Rate Premium	\$18.10	N/A	\$18.10	\$9.05	\$4.18

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

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

Accidental Death and Dismemberment (AD&D)	
Coverage Type	Rate Per \$1,000 of Benefit Per Month
Employee Coverage	\$0.022

Long Term Disability (LTD)	
Coverage Level	Rate Per \$100 of earnings*
40% of Base Salary	\$0.247
60% of Base Salary	\$0.579

\*maximum monthly benefit of \$12,000