



2019 Benefits Rates

	2019 Rates	University Monthly Contribution	Employee Monthly Contribution	Employee Semi-Monthly	Employee Weekly	COBRA Rates (102%) Monthly
Quality Tiered Plan						
Employee	\$740.49	\$533.15	\$207.34	\$103.67	\$47.85	\$755.30
Two-Person	\$1,680.73	\$1,042.05	\$638.68	\$319.34	\$147.39	\$1,714.34
Family	\$2,108.22	\$1,307.10	\$801.12	\$400.56	\$184.87	\$2,150.38
Traditional Plan						
Employee	\$810.94	\$583.88	\$227.06	\$113.53	\$52.40	\$827.16
Two-Person	\$1,840.60	\$1,141.17	\$699.43	\$349.72	\$161.41	\$1,877.41
Family	\$2,308.76	\$1,431.43	\$877.33	\$438.67	\$202.46	\$2,354.93
Value Plan						
Employee	\$611.83	\$512.08	\$99.75	\$49.88	\$23.02	\$624.07
Two-Person	\$1,388.70	\$860.99	\$527.71	\$263.86	\$121.78	\$1,416.47
Family	\$1,741.91	\$1,079.98	\$661.93	\$330.97	\$152.75	\$1,776.75
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	\$0.00	\$5.43	\$2.72	\$1.25	\$5.54
Two-Person	\$10.24	\$0.00	\$10.24	\$5.12	\$2.36	\$10.44
Family	\$15.00	\$0.00	\$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

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
Cost Example:	
Employee Age = 36 Annual Salary = \$40,000 (\$40,000/\$1,000) x \$0.056 = \$2.24/month or \$26.88/year	

Dependent Life		
Coverage Type	Amount	Cost Per Month
Spouse/Dom Partner	\$25,000	\$0.80
Spouse/Dom Partner	\$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	\$0.018

Long Term Disability (LTD)	
Coverage Level	Rate Per \$100 of earnings*
40% of Base Salary	\$0.210
60% of Base Salary	\$0.500
*maximum monthly benefit of \$12,000	

Questions? Contact Tufts Support Services (TSS): 617-627-7000 Email: TSS@tufts.edu