



2018 Benefits Rates

	2018 Rates	University Monthly Contribution	Employee Monthly Contribution	Employee Semi-Monthly	Employee Weekly
Quality Tiered Plan					
Employee	\$722.43	\$520.15	\$202.28	\$101.14	\$46.68
Two-Person	\$1,639.74	\$1,016.64	\$623.10	\$311.55	\$143.79
Family	\$2,056.80	\$1,275.22	\$781.58	\$390.79	\$180.36
Traditional Plan					
Employee	\$779.75	\$561.42	\$218.33	\$109.17	\$50.38
Two-Person	\$1,769.81	\$1,097.28	\$672.53	\$336.27	\$155.20
Family	\$2,219.96	\$1,376.38	\$843.58	\$421.79	\$194.67
Value Plan					
Employee	\$611.83	\$515.75	\$96.08	\$48.04	\$22.17
Two-Person	\$1,388.70	\$860.99	\$527.71	\$263.86	\$121.78
Family	\$1,741.91	\$1,079.98	\$661.93	\$330.97	\$152.75
Delta Dental					
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
EyeMed Vision Care					
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
Met Law					
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	\$0.018

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