

LAST UPDATED 01/24/2008

2008 PREMIUMS FOR REGULAR FACULTY AND STAFF BASE SALARY ABOVE \$30,000

MEDICAL

Full-Time Employees

Coverage Level	CareFirst PPO		CIGNA HMO		CIGNA POS	
	Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly
Employee Only	\$0.00	\$0.00	\$174.00	\$80.62	\$115.87	\$53.48
Employee + One	\$202.09	\$93.27	\$424.85	\$196.08	\$348.23	\$160.72
Employee + Family	\$329.72	\$152.18	\$653.33	\$301.54	\$568.16	\$262.23

Part-Time Employees

Coverage Level	CareFirst PPO		CIGNA HMO		CIGNA POS	
	Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly
Employee Only	\$103.32	\$47.69	\$262.16	\$120.99	\$219.51	\$101.31
Employee + One	\$382.23	\$176.41	\$576.23	\$265.95	\$497.13	\$229.44
Employee + Family	\$519.08	\$239.57	\$733.01	\$338.31	\$600.92	\$277.30

DENTAL FOR FULL-TIME AND PART-TIME EMPLOYEES

Coverage Level	Aetna High Option		Aetna Low Option		Aetna DMO	
	Monthly Premiums	Biweekly Premiums	Monthly Premiums	Biweekly Premiums	Monthly Premiums	Biweekly Premiums
Employee Only	\$33.03	\$16.52	\$22.98	\$11.49	\$14.67	\$7.34
Employee + One	\$71.63	\$35.82	\$48.85	\$24.43	\$33.55	\$16.78
Employee + Family	\$86.67	\$43.34	\$59.11	\$29.56	\$40.58	\$20.29

NOTE: Biweekly deductions for dental coverage will be taken over 24 pay periods.

SUPPLEMENTAL GROUP TERM LIFE FOR FULL-TIME AND PART-TIME EMPLOYEES

Employee and Spouse and Domestic Partner *		Child *
Age Band	Monthly Rate per \$1,000 of Coverage	Monthly Rate per \$1,000 of Coverage
<19	\$.040	\$.103
20 – 24	\$.050	
25 – 29	\$.050	*NOTE: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.
30 – 34	\$.050	
35 – 39	\$.080	
40 - 44	\$.120	
45 – 49	\$.220	
50 – 54	\$.390	
55 – 59	\$.660	
60– 64	\$.900	
65 – 69	\$1.620	
70 - 74	\$2.150	
75+	\$2.440	*NOTE: Employee and Spouse , your rate will increase as you age and move to the next age band.

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2008 PREMIUMS FOR REGULAR FACULTY AND STAFF BASE SALARY UNDER \$30,000

MEDICAL

Full-Time Employees

Coverage Level	CareFirst PPO		CIGNA HMO		CIGNA POS	
	Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly
Employee Only	\$0.00	\$0.00	\$139.77	\$64.51	\$80.87	\$37.32
Employee + One	\$132.09	\$69.96	\$354.85	\$163.78	\$278.23	\$128.41
Employee + Family	\$239.72	\$110.64	\$563.33	\$260.00	\$478.16	\$220.69

Part-Time Employees

Coverage Level	CareFirst PPO		CIGNA HMO		CIGNA POS	
	Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly
Employee Only	\$60.78	\$28.05	\$226.17	\$104.39	\$176.96	\$81.67
Employee + One	\$313.52	\$144.70	\$527.40	\$243.41	\$424.28	\$195.82
Employee + Family	\$433.35	\$200.01	\$653.33	\$301.54	\$587.75	\$271.27

Coverage Level	Aetna High Option		Aetna Low Option		Aetna DMO	
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Employee Only	\$33.03	\$16.52	\$22.98	\$11.49	\$14.67	\$7.34
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