

**FULL-TIME FACULTY & STAFF RATES FOR 2009**

**2009 MEDICAL RATES BASE SALARY ABOVE \$30,000**

Coverage Level	CareFirst PPO		CIGNA HMO		CIGNA POS	
	Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly
Employee Only	\$50.00	\$23.08	\$139.73	\$64.49	\$102.34	\$47.23
Employee + One	\$216.81	\$100.07	\$392.92	\$181.35	\$287.78	\$132.82
Employee + Family	\$353.74	\$163.26	\$641.08	\$295.88	\$469.54	\$216.71

**2009 DENTAL RATES FOR FULL-TIME & 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	\$41.06	\$20.53	\$24.55	\$12.28	\$17.64	\$8.82
Employee + One	\$89.04	\$44.52	\$52.19	\$26.10	\$40.34	\$20.17
Employee + Family	\$107.73	\$53.87	\$63.16	\$31.58	\$48.79	\$24.40

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

**SUPPLEMENTAL GROUP TERM LIFE FOR FULL-TIME & 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	\$0.040	\$1.103	
20 – 24	\$0.050		
25 – 29	\$0.050	*NOTE: The premium paid for <b>child coverage</b> is based on the cost of coverage for one child, regardless of how many children you have.	
30 – 34	\$0.050		
35 – 39	\$0.080		
40 - 44	\$0.120		
45 – 49	\$0.220		
50 – 54	\$0.390		
55 – 59	\$0.660		
60– 64	\$0.900		
65 – 69	\$1.620		
70 - 74	\$2.150		
75+	\$2.440	*NOTE: <b>Employee and Spouse</b> , your rate will increase as you age and move to the next age band.	

**FULL-TIME FACULTY & STAFF RATES FOR 2009**

**2009 MEDICAL RATES BASE SALARY UNDER \$30,000**

Coverage Level	CareFirst PPO		CIGNA HMO		CIGNA POS	
	Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly
Employee Only	\$6.25	\$2.88	\$95.98	\$44.30	\$58.59	\$27.04
Employee + One	\$129.31	\$59.68	\$305.42	\$140.96	\$200.28	\$92.44
Employee + Family	\$241.24	\$111.34	\$528.58	\$243.96	\$357.04	\$164.79

**2009 DENTAL RATES FOR FULL-TIME & 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	\$41.06	\$20.53	\$24.55	\$12.28	\$17.64	\$8.82
Employee + One	\$89.04	\$44.52	\$52.19	\$26.10	\$40.34	\$20.17
Employee + Family	\$107.73	\$53.87	\$63.16	\$31.58	\$48.79	\$24.40

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

**SUPPLEMENTAL GROUP TERM LIFE FOR FULL-TIME & 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	\$0.40	\$1.03	
20 – 24	\$0.50		
25 – 29	\$0.50	*NOTE: The premium paid for <b>child coverage</b> is based on the cost of coverage for one child, regardless of how many children you have.	
30 – 34	\$0.50		
35 – 39	\$0.80		
40 - 44	\$1.20		
45 – 49	\$2.20		
50 – 54	\$3.90		
55 – 59	\$6.60		
60– 64	\$9.00		
65 – 69	\$1.620		
70 - 74	\$2.150		
75+	\$2.440		