

PREMIUMS

Current as of 9/25/2020

University of Rochester 2021 Health Care and Dental Plan Premiums Rate Sheet for Faculty and Staff for January 1-June 30, 2021

Share of Premiums for Faculty/Staff Members
(Pay frequency: monthly, bi-weekly, or semi-monthly)

University Health Care Plans by Salary Band	Monthly Premium Contributions (January 1–June 30, 2021)				Bi-Weekly*/Semi-Monthly Premium Contributions (January 1–June 30, 2021)			
	Single	Family	Employee and Spouse or Domestic Partner	Employee and Child(ren)	Single	Family	Employee and Spouse or Domestic Partner	Employee and Child(ren)
Full-Time Employees Earning <\$62,100								
YOUR PPO Plan	\$105.32	\$339.20	\$248.76	\$189.50	\$52.66	\$169.60	\$124.38	\$94.75
YOUR HSA-Eligible Plan	\$10.76	\$34.66	\$25.42	\$19.36	\$5.38	\$17.33	\$12.71	\$9.68
Full-Time Employees Earning \$62,100–\$132,500 and Part-Time Employees <\$132,500 with more than 5 Years of Service								
YOUR PPO Plan	\$164.08	\$528.44	\$387.54	\$295.32	\$82.04	\$264.22	\$193.77	\$147.66
YOUR HSA-Eligible Plan	\$12.12	\$39.02	\$28.62	\$21.78	\$6.06	\$19.51	\$14.31	\$10.89
Part-Time Employees Earning <\$132,500 with less than 5 Years of Service**								
YOUR PPO Plan	\$213.48	\$687.54	\$504.22	\$384.26	\$106.74	\$343.77	\$252.11	\$192.13
YOUR HSA-Eligible Plan	\$65.52	\$211.02	\$154.76	\$117.90	\$32.76	\$105.51	\$77.38	\$58.95
Employees Earning >\$132,500								
YOUR PPO Plan	\$262.86	\$846.58	\$620.84	\$473.14	\$131.43	\$423.29	\$310.42	\$236.57
YOUR HSA-Eligible Plan	\$118.28	\$380.94	\$279.36	\$212.86	\$59.14	\$190.47	\$139.68	\$106.43

* Faculty/staff members who are paid bi-weekly will have their Health Care and Dental Plan premium contributions deducted in the first two paydays of each month. In the month(s) that contain three paydays (April), Health Care Plan and Dental Plan deductions will not be taken from the third payday.

** Also includes Agency Nurses with Medical and Time-as-Reported employees who qualify as a full-time employee in accordance with the University's Measurement and Stability Periods Policy.

The rates represented in these charts reflect the amount that will be deducted each pay period from faculty/staff members' paychecks from January 1–December 31, 2021, respectively. This is in addition to the amount contributed by the University. Faculty/Staff member premiums are based on salary, full-time/part-time status, and University years of service as of January 1, 2021.

Any changes to either salary or University service throughout the calendar year will not change the faculty/staff member's premium amount in 2021. If your work status changes between full-time and part-time during the calendar year, your payroll deductions will be adjusted as appropriate.

For a salaried faculty or staff member, annual salary is 12 times the regular monthly salary or 24 times the regular semi-monthly salary. For faculty members under the School of Medicine and Dentistry Faculty Compensation plan, annual salary means the "Targeted Salary."

University Dental Plans	Monthly Rates (January 1–June 30, 2021)		Bi-Weekly*/Semi-Monthly Rates (January 1–June 30, 2021)	
	Single	Family	Single	Family
Traditional Dental Plan	\$4.38	\$8.94	\$2.19	\$4.47
Medallion Dental Plan	\$13.76	\$28.22	\$6.88	\$14.11

The 2021 Summaries of Benefits and Coverage are available on the Total Rewards website (www.rochester.edu/totalrewards); you can also contact the Office of Total Rewards at (585) 275-2084 to request a copy to be mailed at no charge.

See reverse side for July 1–December 31, 2021 rates.

University of Rochester 2021 Health Care and Dental Plan Premiums Rate Sheet for Faculty and Staff for July 1-December 31, 2021

Share of Premiums for Faculty/Staff Members
(Pay frequency: monthly, bi-weekly, or semi-monthly)

University Health Care Plans by Salary Band	Monthly Premium Contributions (July 1-December 31, 2021)				Bi-Weekly*/Semi-Monthly Premium Contributions (July 1-December 31, 2021)			
	Single	Family	Employee and Spouse or Domestic Partner	Employee and Child(ren)	Single	Family	Employee and Spouse or Domestic Partner	Employee and Child(ren)
Full-Time Employees Earning <\$62,100								
YOUR PPO Plan	\$109.62	\$353.00	\$258.90	\$197.22	\$54.81	\$176.50	\$129.45	\$98.61
YOUR HSA-Eligible Plan	\$11.20	\$36.08	\$26.46	\$20.16	\$5.60	\$18.04	\$13.23	\$10.08
Full-Time Employees Earning \$62,100–\$132,500 and Part-Time Employees <\$132,500 with more than 5 Years of Service								
YOUR PPO Plan	\$170.76	\$549.96	\$403.32	\$307.34	\$85.38	\$274.98	\$201.66	\$153.67
YOUR HSA-Eligible Plan	\$12.98	\$41.78	\$30.64	\$23.32	\$6.49	\$20.89	\$15.32	\$11.66
Part-Time Employees Earning <\$132,500 with less than 5 Years of Service**								
YOUR PPO Plan	\$222.18	\$715.52	\$524.74	\$399.90	\$111.09	\$357.76	\$262.37	\$199.95
YOUR HSA-Eligible Plan	\$68.20	\$219.60	\$161.06	\$122.70	\$34.10	\$109.80	\$80.53	\$61.35
Employees Earning >\$132,500								
YOUR PPO Plan	\$273.56	\$881.04	\$646.12	\$492.40	\$136.78	\$440.52	\$323.06	\$246.20
YOUR HSA-Eligible Plan	\$123.10	\$396.44	\$290.74	\$221.52	\$61.55	\$198.22	\$145.37	\$110.76

University Dental Plans	Monthly Rates (July 1–December 31, 2021)		Bi-Weekly*/Semi-Monthly Rates (July 1–December 31, 2021)	
	Single	Family	Single	Family
Traditional Dental Plan	\$4.50	\$9.16	\$2.25	\$4.58
Medallion Dental Plan	\$14.10	\$28.88	\$7.05	\$14.44

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