## **PREMIUMS**

# University of Rochester 2021 Health Care and Dental Plan\*\* Premiums Rate Sheet for Faculty, Staff, and SEIU Members on Long-Term Disability for January 1-June 30, 2021

Share of Premiums for Faculty, Staff, and SEIU Members on Long-Term Disability (both Member and Spouse/Domestic Partner are Medicare-eligible\*)

(Contribution frequency: monthly or quarterly)

University Health Care Plans by Salary Band		m Contributions une 30, 2021)	Quarterly Premium Contributions (January 1–June 30, 2021)						
	Single	Employee and Spouse or Domestic Partner Single		Employee and Spouse or Domestic Partner					
Full-Time Employees Earning <\$62,100									
YOUR PPO Plan	\$0.00	\$0.00	\$0.00	\$0.00					
YOUR HSA-Eligible Plan	\$0.00	\$0.00	\$0.00	\$0.00					
Full-Time Employees Earn	ning \$62,100–\$132,500 an	d Part-Time Employees <	\$132,500 with more than	5 Years of Service					
YOUR PPO Plan	\$58.76	\$117.52	\$176.28	\$352.56					
YOUR HSA-Eligible Plan	\$1.36	\$2.72	\$4.08	\$8.16					
Pai	rt-Time Employees Earnir	ng < \$132,500 with less th	an 5 Years of Service						
YOUR PPO Plan	\$108.16	\$216.32	\$324.48	\$648.96					
YOUR HSA-Eligible Plan	\$54.76	\$109.52	\$164.28	\$328.56					
Employees Earning >\$132,500									
YOUR PPO Plan	\$157.54	\$315.08	\$472.62	\$945.24					
YOUR HSA-Eligible Plan	\$107.52	\$215.04	\$322.56	\$645.12					

University Dental Plans**		lly Rates June 30, 2021)	Quarterly Rates (January 1-June 30, 2021)			
	Single Family		Single	Family		
Traditional Dental Plan	\$4.38	\$8.94	\$13.14	\$26.82		
Medallion Dental Plan	\$13.76	\$28.22	\$41.28	\$84.66		

<sup>\*</sup>The rates above apply only to Faculty/Staff/SEIU members on Long-Term Disability who are Medicare-eligible and whose spouse or domestic partner are also Medicare-eligible. Medicare is the primary payer for health care expenses and the above plans through the University are the secondary payer. Therefore, the above University Health Care Plans will not cover any expenses that would have been covered under Medicare Part A and Part B if you were enrolled (commonly known as "carve out" plans).

\*\* Eligibility rules apply

### See reverse side for:

- Share of Premiums for Faculty, Staff, and SEIU Members on Long-Term Disability (both Member and Spouse/Domestic Partner are NON-Medicare-eligible)
- Share of Premiums for Faculty, Staff, and SEIU Members on Long-Term Disability who are Medicareeligible or are covering a Medicare-eligible dependent

Share of Premiums for Faculty, Staff, and SEIU Members on Long-Term Disability (both Member and Spouse/Domestic Partner are NON-Medicare eligible\*) (Contribution frequency: monthly or quarterly)

University Health Care Plans by Salary Band	Monthly Premium Contributions (January 1–June 30, 2021)				Qua		um Contributi une 30, 2021)	ions
	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 Employe	ees Earning <	\$62,100			
YOUR PPO Plan	\$105.32	\$339.20	\$248.76	\$189.50	\$315.96	\$1,017.60	\$746.28	\$ 568.50
YOUR HSA-Eligible Plan	\$10.76	\$ 34.66	\$25.42	\$19.36	\$32.28	\$103.98	\$76.26	\$ 58.08
Full-Time Employ	ees Earning \$	62,100-\$132,5	00 and Part-T	ime Employe	es <\$132,500 ·	with more tha	an 5 Years of S	ervice
YOUR PPO Plan	\$164.08	\$528.44	\$387.54	\$295.32	\$492.24	\$1,585.32	\$ 1,162.62	\$ 885.96
YOUR HSA-Eligible Plan	\$12.12	\$39.02	\$28.62	\$ 21.78	\$36.36	\$117.06	\$85.86	\$ 65.34
	Part-Tim	e Employees	Earning <\$132	2,500 with les	s than 5 Years	of Service		
YOUR PPO Plan	\$213.48	\$687.54	\$504.22	\$384.26	\$640.44	\$2,062.62	\$1,512.66	\$ 1,152.78
YOUR HSA-Eligible Plan	\$65.52	\$211.02	\$154.76	\$117.90	\$196.56	\$633.06	\$464.28	\$353.70
Employees Earning >\$132,500								
YOUR PPO Plan	\$262.86	\$846.58	\$620.84	\$473.14	\$ 788.58	\$2,539.74	\$1,862.52	\$1,419.42
YOUR HSA-Eligible Plan	\$118.28	\$380.94	\$ 279.36	\$212.86	\$354.84	\$ 1,142.82	\$838.08	\$638.58

<sup>\*</sup>The rates above apply to Faculty/Staff/SEIU members on Long-Term Disability who are not eligible for Medicare. The University Health Care Plan will be primary payer of health care expenses.

Share of Premiums for Faculty, Staff, and SEIU Members on Long-Term Disability who are Medicare eligible or are covering a Medicare eligible dependent\*
(Contribution frequency: monthly or quarterly)

University Health Care Plans by Salary Band	Monthly Premium Contributions (January 1–June 30, 2021)				Qua		um Contribut une 30, 2021)	ions
	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 Employe	ees Earning <	\$62,100			
YOUR PPO Plan	\$0.00	\$189.58	\$105.32	\$84.18	\$0.00	\$568.74	\$315.96	\$252.54
YOUR HSA-Eligible Plan	\$0.00	\$19.36	\$10.76	\$8.60	\$0.00	\$58.08	\$32.28	\$25.80
Full-Time Employ	ees Earning \$	62,100-\$132,5	00 and Part-T	ime Employe	es <\$132,500 v	with more tha	an 5 Years of S	ervice
YOUR PPO Plan	\$58.76	\$354.10	\$222.84	\$190.00	\$176.28	\$1,062.30	\$668.52	\$570.00
YOUR HSA-Eligible Plan	\$1.36	\$23.18	\$ 13.48	\$11.02	\$4.08	\$69.54	\$40.44	\$33.06
	Part-Tim	e Employees	Earning <\$132	2,500 with les	s than 5 Years	of Service		
YOUR PPO Plan	\$108.16	\$492.42	\$321.64	\$278.94	\$324.48	\$1,477.26	\$964.92	\$836.82
YOUR HSA-Eligible Plan	\$54.76	\$172.70	\$120.28	\$107.14	\$164.28	\$518.10	\$360.84	\$ 321.42
Employees Earning >\$132,500								
YOUR PPO Plan	\$157.54	\$630.68	\$420.40	\$ 367.82	\$472.62	\$1,892.04	\$1,261.20	\$1,103.46
YOUR HSA-Eligible Plan	\$107.52	\$320.42	\$225.80	\$ 202.10	\$322.56	\$961.26	\$677.40	\$ 606.30

<sup>\*</sup>The rates above apply to Faculty/Staff/SEIU members on Long-Term Disability who are Medicare-eligible or whose dependents are Medicare-eligible. For the Medicare-eligible member only, Medicare is the primary payer for health care expenses and the University Health Care Plans are the secondary payer. Therefore, the University Health Care Plans will not cover any expenses that would have been covered under Medicare Part A and Part B if the Medicare-eligible member were enrolled (commonly known as "carve out" plans). The University Health Care Plans will continue to be primary payer of health care expenses for members not eligible for Medicare.

## **PREMIUMS**

# University of Rochester 2021 Health Care and Dental Plan\*\* Premiums Rate Sheet for Faculty, Staff, and SEIU Members on Long-Term Disability for July 1-December 31, 2021

Share of Premiums for Faculty, Staff, and SEIU Members on Long-Term Disability (both Member and Spouse/Domestic Partner are Medicare-eligible\*)

(Contribution frequency: monthly or quarterly)

University Health Care Plans by Salary Band		m Contributions nber 31, 2021)	Quarterly Premium Contributions (July 1-December 31, 2021)					
	Single Employee and Spouse or Domestic Partner		Single	Employee and Spouse or Domestic Partner				
	Full-Time E	Employees Earning <\$62,	100					
YOUR PPO Plan	\$0.00	\$0.00	\$0.00	\$0.00				
YOUR HSA-Eligible Plan	\$0.00	\$0.00 \$0.00		\$0.00				
Full-Time Employees Earr								
YOUR PPO Plan	\$61.14	\$122.28	\$183.42	\$366.84				
YOUR HSA-Eligible Plan	\$1.78	\$3.56	\$5.34	\$10.68				
Par	t-Time Employees Earnir	ng < \$132,500 with less th	an 5 Years of Service					
YOUR PPO Plan	\$112.56	\$225.12	\$337.68	\$675.36				
YOUR HSA-Eligible Plan	\$57.00	\$114.00	\$171.00 \$342.00					
Employees Earning >\$132,500								
YOUR PPO Plan	\$163.94	\$327.88	\$327.88 \$491.82					
YOUR HSA-Eligible Plan	\$111.90	\$223.80	\$335.70	\$671.40				

University Dental Plans**		lly Rates mber 31, 2021)	Quarterly Rates (July1-December 31, 2021		
	Single Family		Single	Family	
Traditional Dental Plan	\$4.50	\$9.16	\$13.50	\$27.48	
Medallion Dental Plan	\$14.10	\$28.88	\$42.30	\$86.64	

<sup>\*</sup>The rates above apply only to Faculty/Staff/SEIU members on Long-Term Disability who are Medicare-eligible and whose spouse or domestic partner are also Medicare-eligible. Medicare is the primary payer for health care expenses and the above plans through the University are the secondary payer. Therefore, the above University Health Care Plans will not cover any expenses that would have been covered under Medicare Part A and Part B if you were enrolled (commonly known as "carve out" plans).

\*\* Eligibility rules apply

### See reverse side for:

- Share of Premiums for Faculty, Staff, and SEIU Members on Long-Term Disability (both Member and Spouse/Domestic Partner are NON-Medicare-eligible)
- Share of Premiums for Faculty, Staff, and SEIU Members on Long-Term Disability who are Medicareeligible or are covering a Medicare-eligible dependent

Share of Premiums for Faculty, Staff, and SEIU Members on Long-Term Disability (both Member and Spouse/Domestic Partner are NON-Medicare eligible\*) (Contribution frequency: monthly or quarterly)

University Health Care Plans by Salary Band	Monthly Premium Contributions (July 1-December 31, 2021)				Qua		um Contribut mber 31, 2021)	ions
	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 Employe	ees Earning <	\$62,100			
YOUR PPO Plan	\$109.62	\$353.00	\$258.90	\$197.22	\$328.86	\$1,059.00	\$776.70	\$591.66
YOUR HSA-Eligible Plan	\$11.20	\$36.08	\$26.46	\$20.16	\$33.60	\$108.24	\$79.38	\$60.48
Full-Time Employ	ees Earning \$	62,100-\$132,5	00 and Part-T	ime Employe	es <\$132,500	with more tha	an 5 Years of S	ervice
YOUR PPO Plan	\$170.76	\$549.96	\$403.32	\$307.34	\$512.28	\$1,649.88	\$1,209.96	\$922.02
YOUR HSA-Eligible Plan	\$12.98	\$41.78	\$30.64	\$ 23.32	\$38.94	\$125.34	\$91.92	\$69.96
	Part-Tim	e Employees	Earning <\$132	2,500 with les	s than 5 Years	of Service		
YOUR PPO Plan	\$222.18	\$715.52	\$524.74	\$399.90	\$666.54	\$2,146.56	\$1,574.22	\$1,199.70
YOUR HSA-Eligible Plan	\$68.20	\$219.60	\$161.06	\$122.70	\$204.60	\$658.80	\$483.18	\$368.10
Employees Earning >\$132,500								
YOUR PPO Plan	\$273.56	\$881.04	\$646.12	\$492.40	\$820.68	\$2,643.12	\$1,938.36	\$1,477.20
YOUR HSA-Eligible Plan	\$123.10	\$396.44	\$ 290.74	\$221.52	\$369.30	\$1,189.32	\$872.22	\$664.56

<sup>\*</sup>The rates above apply to Faculty/Staff/SEIU members on Long-Term Disability who are not eligible for Medicare. The University Health Care Plan will be primary payer of health care expenses.

Share of Premiums for Faculty, Staff, and SEIU Members on Long-Term Disability who are Medicare eligible or are covering a Medicare eligible dependent\*
(Contribution frequency: monthly or quarterly)

University Health Care Plans by Salary Band	Monthly Premium Contributions (July 1-December 31, 2021)				Qua		um Contribut nber 31, 2021)	ions
	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 Employe	ees Earning <	\$62,100			
YOUR PPO Plan	\$0.00	\$197.32	\$109.62	\$87.60	\$0.00	\$591.96	\$328.36	\$262.80
YOUR HSA-Eligible Plan	\$0.00	\$20.16	\$11.20	\$8.96	\$0.00	\$60.48	\$33.60	\$26.88
Full-Time Employ	ees Earning \$	662,100-\$132,5	500 and Part-T	ïme Employe	es <\$132,500 ·	with more tha	an 5 Years of S	ervice
YOUR PPO Plan	\$61.14	\$368.50	\$231.90	\$197.72	\$183.42	\$1,105.50	\$695.70	\$593.16
YOUR HSA-Eligible Plan	\$1.78	\$25.14	\$14.76	\$12.12	\$5.34	\$75.42	\$44.28	\$36.36
	Part-Tim	ne Employees	Earning <\$132	2,500 with les	s than 5 Years	of Service		
YOUR PPO Plan	\$112.56	\$512.48	\$334.74	\$290.28	\$337.68	\$1,537.44	\$1,004.22	\$870.84
YOUR HSA-Eligible Plan	\$57.00	\$179.76	\$125.20	\$111.50	\$171.00	\$539.28	\$375.60	\$334.50
Employees Earning >\$132,500								
YOUR PPO Plan	\$163.94	\$656.34	\$437.50	\$382.78	\$491.82	\$1,969.02	\$1,312.50	\$1,148.34
YOUR HSA-Eligible Plan	\$111.90	\$333.48	\$235.00	\$210.32	\$335.70	\$1,000.44	\$705.00	\$630.96

<sup>\*</sup>The rates above apply to Faculty/Staff/SEIU members on Long-Term Disability who are Medicare-eligible or whose dependents are Medicare-eligible. For the Medicare-eligible member only, Medicare is the primary payer for health care expenses and the University Health Care Plans are the secondary payer. Therefore, the University Health Care Plans will not cover any expenses that would have been covered under Medicare Part A and Part B if the Medicare-eligible member were enrolled (commonly known as "carve out" plans). The University Health Care Plans will continue to be primary payer of health care expenses for members not eligible for Medicare.