

Long-Term Disability Premiums

TOTAL REWARDS
HUMAN RESOURCES
UNIVERSITY OF ROCHESTER

OPEN ENROLLMENT 2025

OCTOBER 2024

Faculty, Staff, and SEIU Members on Long-Term Disability Health Care and Dental Plan[†] Premiums Rate Sheet for January 1–December 31, 2025

Share of Premiums for Faculty, Staff, and SEIU Members on Long-Term Disability who are Medicare-eligible and whose spouse or domestic partner are also Medicare-eligible* (Contribution frequency: monthly or quarterly)

University Health Care Plans by Salary Band	Monthly Premium Contributions January 1–December 31, 2025		Quarterly Premium Contributions January 1–December 31, 2025	
	Single	Employee and Spouse or Domestic Partner	Single	Employee and Spouse or Domestic Partner
Full-Time Employees Earning < \$71,000				
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 Earning \$71,000 to < \$105,400				
YOUR PPO Plan	\$62.30	\$124.60	\$186.90	\$373.80
YOUR HSA-Eligible Plan	\$3.74	\$7.48	\$11.22	\$22.44
Full-Time Employees Earning \$105,400 to \$151,400 and Part-Time Employees < \$151,400 with more than 5 years of service				
YOUR PPO Plan	\$92.60	\$185.20	\$277.80	\$555.60
YOUR HSA-Eligible Plan	\$7.54	\$15.08	\$22.62	\$45.24
Part-time employees earning less than \$151,400 with less than 5 years of service				
YOUR PPO Plan	\$157.68	\$315.36	\$473.04	\$946.08
YOUR HSA-Eligible Plan	\$79.84	\$159.68	\$239.52	\$479.04
Employees Earning \$151,400 to < \$190,100				
YOUR PPO Plan	\$178.50	\$357.00	\$535.50	\$1,071.00
YOUR HSA-Eligible Plan	\$49.86	\$99.72	\$149.58	\$299.16
Employees Earning \$191,100 to < \$249,400				
YOUR PPO Plan	\$268.92	\$537.84	\$806.76	\$1,613.52
YOUR HSA-Eligible Plan	\$115.26	\$230.52	\$345.78	\$691.56
Employees Earning > \$249,400				
YOUR PPO Plan	\$367.64	\$735.28	\$1,102.92	\$2,205.84
YOUR HSA-Eligible Plan	\$177.08	\$354.16	\$531.24	\$1,062.48

University Dental Plans [†]	Monthly Rates		Quarterly Rates	
	Single	Family	Single	Family
Traditional Dental Plan	\$4.78	\$9.70	\$14.34	\$29.10
Medallion Dental Plan	\$14.94	\$30.58	\$44.82	\$91.74

To enroll, change, or waive your coverage, please contact the Office of Total Rewards at (585) 275-2084 or email totalrewards@rochester.edu to request an open enrollment change form. **All forms must be complete and submitted by end of day October 30, 2024.**

* 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

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Faculty, Staff, and SEIU Members on Long-Term Disability Health Care and Dental Plan[†] Premiums Rate Sheet for January 1–December 31, 2025

Share of Premiums for Faculty, Staff, and SEIU Members on Long-Term Disability and 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–December 31, 2025				Quarterly Premium Contributions January 1–December 31, 2025			
	Single	Employee and Spouse or Domestic Partner	Employee and Child(ren)	Family	Single	Employee and Spouse or Domestic Partner	Employee and Child(ren)	Family
Full-Time Employees Earning < \$71,000								
YOUR PPO Plan	\$153.58	\$362.68	\$276.30	\$494.52	\$460.74	\$1,088.04	\$828.90	\$1,483.56
YOUR HSA-Eligible Plan	\$15.72	\$37.08	\$28.22	\$50.54	\$47.16	\$111.24	\$84.66	\$151.62
Full-Time Employees Earning \$71,000 to < \$105,400								
YOUR PPO Plan	\$215.88	\$509.94	\$388.58	\$695.34	\$647.64	\$1,529.82	\$1,165.74	\$2,086.02
YOUR HSA-Eligible Plan	\$19.46	\$45.98	\$35.00	\$62.70	\$58.38	\$137.94	\$105.00	\$188.10
Full-Time Employees Earning \$105,400 to \$151,400 and Part-Time Employees < \$151,400 with more than 5 years of service								
YOUR PPO Plan	\$246.18	\$581.48	\$443.10	\$792.88	\$738.54	\$1,744.44	\$1,329.30	\$2,378.64
YOUR HSA-Eligible Plan	\$23.26	\$54.94	\$41.82	\$74.94	\$69.78	\$164.82	\$125.46	\$224.82
Part-time employees earning less than \$151,400 with less than 5 years of service								
YOUR PPO Plan	\$311.26	\$735.14	\$560.24	\$1,002.40	\$933.78	\$2,205.42	\$1,680.72	\$3,007.20
YOUR HSA-Eligible Plan	\$95.56	\$225.64	\$171.88	\$307.64	\$286.68	\$676.92	\$515.64	\$922.92
Employees Earning \$151,400 to < \$190,100								
YOUR PPO Plan	\$332.08	\$784.36	\$597.74	\$1,069.54	\$996.24	\$2,353.08	\$1,793.22	\$3,208.62
YOUR HSA-Eligible Plan	\$65.58	\$154.88	\$118.00	\$211.18	\$196.74	\$464.64	\$354.00	\$633.54
Employees Earning \$190,100 to < \$249,400								
YOUR PPO Plan	\$422.50	\$997.94	\$760.56	\$1,360.80	\$1,267.50	\$2,993.82	\$2,281.68	\$4,082.40
YOUR HSA-Eligible Plan	\$130.98	\$309.36	\$235.68	\$421.84	\$392.94	\$928.08	\$707.04	\$1,265.52
Employees Earning > \$249,400								
YOUR PPO Plan	\$521.22	\$1,231.10	\$938.24	\$1,678.74	\$1,563.66	\$3,693.30	\$2,814.72	\$5,036.22
YOUR HSA-Eligible Plan	\$192.80	\$455.40	\$346.98	\$620.98	\$578.40	\$1,366.20	\$1,040.94	\$1,862.94

University Dental Plans [†]	Monthly Rates		Quarterly Rates	
	Single	Family	Single	Family
Traditional Dental Plan	\$4.78	\$9.70	\$14.34	\$29.10
Medallion Dental Plan	\$14.94	\$30.58	\$44.82	\$91.74

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*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.

[†] Eligibility rules apply

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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–December 31, 2025				Quarterly Premium Contributions January 1–December 31, 2025			
	Single	Employee and Spouse or Domestic Partner	Employee and Child(ren)	Family	Single	Employee and Spouse or Domestic Partner	Employee and Child(ren)	Family
Full-Time Employees Earning < \$71,000								
YOUR PPO Plan	\$0.00	\$153.58	\$122.72	\$276.30	\$0.00	\$460.74	\$368.16	\$828.90
YOUR HSA-Eligible Plan	\$0.00	\$15.72	\$12.50	\$28.22	\$0.00	\$47.16	\$37.50	\$84.66
Full-Time Employees Earning \$71,000 to < \$105,400								
YOUR PPO Plan	\$62.30	\$278.18	\$235.00	\$450.88	\$186.90	\$834.54	\$705.00	\$1,352.64
YOUR HSA-Eligible Plan	\$3.74	\$23.20	\$19.28	\$38.74	\$11.22	\$69.60	\$57.84	\$116.22
Full-Time Employees Earning \$105,400 to \$151,400 and Part-Time Employees < \$151,400 with more than 5 years of service								
YOUR PPO Plan	\$92.60	\$338.78	\$289.52	\$535.70	\$277.80	\$1,016.34	\$868.56	\$1,607.10
YOUR HSA-Eligible Plan	\$7.54	\$30.80	\$26.10	\$49.36	\$22.62	\$92.40	\$78.30	\$148.08
Part-time employees earning less than \$151,400 with less than 5 years of service								
YOUR PPO Plan	\$157.68	\$468.94	\$406.66	\$717.92	\$473.04	\$1,406.82	\$1,219.98	\$2,153.76
YOUR HSA-Eligible Plan	\$79.84	\$175.40	\$156.16	\$251.72	\$239.52	\$526.20	\$468.48	\$755.16
Employees Earning \$151,400 to < \$190,100								
YOUR PPO Plan	\$178.50	\$510.58	\$444.16	\$776.24	\$535.50	\$1,531.74	\$1,332.48	\$2,328.72
YOUR HSA-Eligible Plan	\$49.86	\$115.44	\$102.28	\$167.86	\$149.58	\$346.32	\$306.84	\$503.58
Employees Earning \$190,100 to < \$249,400								
YOUR PPO Plan	\$268.92	\$691.42	\$606.98	\$1,029.48	\$806.76	\$2,074.26	\$1,820.94	\$3,088.44
YOUR HSA-Eligible Plan	\$115.26	\$246.24	\$219.96	\$350.94	\$345.78	\$738.72	\$659.88	\$1,052.82
Employees Earning > \$249,400								
YOUR PPO Plan	\$367.64	\$888.86	\$784.66	\$1,305.88	\$1,102.92	\$2,666.58	\$2,353.98	\$3,917.64
YOUR HSA-Eligible Plan	\$177.08	\$369.88	\$331.26	\$524.06	\$531.24	\$1,109.64	\$993.78	\$1,572.18

University Dental Plans [†]	Monthly Rates		Quarterly Rates	
	Single	Family	Single	Family
Traditional Dental Plan	\$4.78	\$9.70	\$14.34	\$29.10
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*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.

[†] Eligibility rules apply

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