



## Cost of Coverage

Contributions are the amount you pay toward the cost of medical (includes prescription drugs and basic vision), dental, and optional vision coverage through pretax payroll deductions.

### 2024 MONTHLY MEDICAL CONTRIBUTIONS FOR FULL-TIME OFFICERS

Salary Tier	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
<b>\$0-\$49,999</b>				
High Deductible Health Plan	\$10	\$16	\$30	\$33
Choice Plus 80	\$30	\$50	\$90	\$109
Choice Plus 90	\$40	\$67	\$128	\$159
Choice Plus 100	\$106	\$192	\$297	\$380
<b>\$50,000-\$59,999</b>				
High Deductible Health Plan	\$30	\$51	\$94	\$116
Choice Plus 80	\$84	\$152	\$268	\$338
Choice Plus 90	\$129	\$238	\$394	\$503
Choice Plus 100	\$300	\$536	\$834	\$1,067
<b>\$60,000-\$79,999</b>				
High Deductible Health Plan	\$47	\$87	\$161	\$199
Choice Plus 80	\$113	\$210	\$326	\$424
Choice Plus 90	\$169	\$317	\$460	\$594
Choice Plus 100	\$393	\$705	\$1,097	\$1,407
<b>\$80,000-\$134,999</b>				
High Deductible Health Plan	\$65	\$122	\$229	\$284
Choice Plus 80	\$148	\$273	\$396	\$524
Choice Plus 90	\$203	\$382	\$536	\$693
Choice Plus 100	\$452	\$809	\$1,255	\$1,617
<b>\$135,000-\$174,999</b>				
High Deductible Health Plan	\$98	\$185	\$294	\$381
Choice Plus 80	\$164	\$304	\$478	\$615
Choice Plus 90	\$237	\$445	\$596	\$789
Choice Plus 100	\$488	\$873	\$1,358	\$1,743
<b>\$175,000-\$224,999</b>				
High Deductible Health Plan	\$153	\$284	\$400	\$534
Choice Plus 80	\$231	\$438	\$568	\$772
Choice Plus 90	\$289	\$545	\$751	\$945
Choice Plus 100	\$643	\$1,151	\$1,788	\$2,297

### 2024 MONTHLY MEDICAL CONTRIBUTIONS FOR FULL-TIME OFFICERS (CONTINUED)

Salary Tier	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
<b>\$225,000-\$299,999</b>				
High Deductible Health Plan	\$202	\$383	\$502	\$681
Choice Plus 80	\$281	\$533	\$667	\$918
Choice Plus 90	\$338	\$639	\$878	\$1,095
Choice Plus 100	\$681	\$1,222	\$1,898	\$2,439
<b>\$300,000+</b>				
High Deductible Health Plan	\$257	\$485	\$610	\$838
Choice Plus 80	\$336	\$634	\$775	\$1,073
Choice Plus 90	\$391	\$741	\$1,029	\$1,269
Choice Plus 100	\$699	\$1,255	\$1,951	\$2,506

Your pretax contributions are based on the plan you select, which depends on you cover, and your Annual Benefits Salary, calculated as of July 1. Annual Benefits Salary is the greater of (a) your base salary or (b) your prior 12 months' compensation from the University as of June 30 each year, including certain approved additional and private practice compensation, excluding any housing allowance.

### 2024 MONTHLY MEDICAL CONTRIBUTIONS FOR PART-TIME OFFICERS

	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
High Deductible Health Plan	\$253	\$481	\$532	\$760
Choice Plus 80	\$277	\$525	\$581	\$829
Choice Plus 90	\$291	\$553	\$611	\$873
Choice Plus 100	\$320	\$608	\$672	\$960

### 2024 MONTHLY DENTAL CONTRIBUTIONS FOR OFFICERS

	Yourself	You Plus One	Family
<b>Full-Time Officers</b>			
Aetna Columbia Dental Plan	\$32	\$79	\$125
Aetna DMO	\$11.68	\$33.29	\$33.29
<b>Part-Time Officers</b>			
Aetna Columbia Dental Plan	\$47	\$93	\$139
Aetna DMO	\$11.68	\$33.29	\$33.29

### 2024 MONTHLY CONTRIBUTIONS FOR OPTIONAL UHC VISION FOR OFFICERS

	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
Full-Time and Part-Time Officers	\$5.23	\$12.11	\$9.69	\$16.96