

# Faculty and Staff Premiums

OPEN ENROLLMENT 2023

CURRENT AS OF 10/4/2022

## Faculty and Staff Health Care and Dental Plan Premiums Rate Sheet for January 1–June 30, 2023

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, 2023				Bi-Weekly*/Semi-Monthly Premium Contributions January 1–June 30, 2023			
	Single	Employee and Spouse or Domestic Partner	Employee and Child(ren)	Family	Single	Employee and Spouse or Domestic Partner	Employee and Child(ren)	Family
<b>Full-time employees earning less than \$64,900 and residents and fellows</b>								
YOUR PPO Plan	\$116.04	\$274.06	\$208.78	\$373.68	\$58.02	\$137.03	\$104.39	\$186.84
YOUR HSA-Eligible Plan	\$11.86	\$28.00	\$21.34	\$38.18	\$5.93	\$14.00	\$10.67	\$19.09
<b>Full-time employees earning \$64,900 to less than \$96,400</b>								
YOUR PPO Plan	\$180.76	\$426.96	\$325.34	\$582.18	\$90.38	\$213.48	\$162.67	\$291.09
YOUR HSA-Eligible Plan	\$14.42	\$34.06	\$25.92	\$46.44	\$7.21	\$17.03	\$12.96	\$23.22
<b>Full-time employees earning \$96,400 to less than \$138,500 and Part-time employees earning less than \$138,500 with more than 5 years of service</b>								
YOUR PPO Plan	\$189.80	\$448.30	\$341.62	\$611.30	\$94.90	\$224.15	\$170.81	\$305.65
YOUR HSA-Eligible Plan	\$15.14	\$35.76	\$27.22	\$48.76	\$7.57	\$17.88	\$13.61	\$24.38
<b>Part-time employees earning less than \$138,500 with less than 5 years of service<sup>†</sup></b>								
YOUR PPO Plan	\$235.20	\$555.50	\$423.34	\$757.46	\$117.60	\$277.75	\$211.67	\$378.73
YOUR HSA-Eligible Plan	\$72.20	\$170.50	\$129.88	\$232.46	\$36.10	\$85.25	\$64.94	\$116.23
<b>Employees earning \$138,500 to less than \$228,200</b>								
YOUR PPO Plan	\$289.58	\$683.98	\$521.26	\$932.68	\$144.79	\$341.99	\$260.63	\$466.34
YOUR HSA-Eligible Plan	\$130.32	\$307.78	\$234.50	\$419.68	\$65.16	\$153.89	\$117.25	\$209.84
<b>Employees earning greater than \$228,200<sup>‡</sup></b>								
YOUR PPO Plan	\$304.06	\$718.18	\$547.32	\$979.31	\$152.03	\$359.09	\$273.66	\$489.66
YOUR HSA-Eligible Plan	\$136.82	\$323.16	\$246.22	\$440.66	\$68.41	\$161.58	\$123.11	\$220.33

University Dental Plans	Monthly Rates		Bi-Weekly*/Semi-Monthly Rates	
	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

\* 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 and September), Health Care Plan and Dental Plan deductions will not be taken from the third payday.

<sup>†</sup> Also includes Travel At Home positions and Time-as-Reported employees who qualify as full-time employees in accordance with the University's Measurement and Stability Periods Policy.

<sup>‡</sup> Also Includes Travel At Home CRNAs

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, 2023, 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, 2023. Any changes to either salary or University service throughout the calendar year will not change the faculty/staff member's premium amount in 2023. 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."

See reverse side for July 1–December 31, 2023 rates.

The 2023 Summaries of Benefits and Coverage are available on the Total Rewards website, [rochester.edu/totalrewards](http://rochester.edu/totalrewards). Call the Office of Total Rewards at (585) 275-2084 to request a copy to be mailed at no charge.

**TOTAL REWARDS**  
HUMAN RESOURCES  
UNIVERSITY OF ROCHESTER

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(Pay frequency: monthly, bi-weekly, or semi-monthly)

University Health Care Plans by Salary Band	Monthly Premium Contributions July 1–December 31, 2023				Bi-Weekly*/Semi-Monthly Premium Contributions July 1–December 31, 2023			
	Single	Employee and Spouse or Domestic Partner	Employee and Child(ren)	Family	Single	Employee and Spouse or Domestic Partner	Employee and Child(ren)	Family
<b>Full-time employees earning less than \$64,900 and residents and fellows</b>								
YOUR PPO Plan	\$126.98	\$299.90	\$228.46	\$408.92	\$63.49	\$149.95	\$114.23	\$204.46
YOUR HSA-Eligible Plan	\$12.98	\$30.64	\$23.34	\$41.78	\$6.49	\$15.32	\$11.67	\$20.89
<b>Full-time employees earning \$64,900 to less than \$96,400</b>								
YOUR PPO Plan	\$197.80	\$467.22	\$356.02	\$637.08	\$98.90	\$233.61	\$178.01	\$318.54
YOUR HSA-Eligible Plan	\$15.78	\$37.26	\$28.36	\$50.82	\$7.89	\$18.63	\$14.18	\$25.41
<b>Full-time employees earning \$96,400 to less than \$138,500 and Part-time employees earning less than \$138,500 with more than 5 years of service</b>								
YOUR PPO Plan	\$207.70	\$490.58	\$373.84	\$668.94	\$103.85	\$245.29	\$186.92	\$334.47
YOUR HSA-Eligible Plan	\$16.80	\$39.68	\$30.20	\$54.12	\$8.40	\$19.84	\$15.10	\$27.06
<b>Part-time employees earning less than \$138,500 with less than 5 years of service<sup>†</sup></b>								
YOUR PPO Plan	\$257.38	\$607.88	\$463.26	\$828.88	\$128.69	\$303.94	\$231.63	\$414.44
YOUR HSA-Eligible Plan	\$79.00	\$186.58	\$142.12	\$254.38	\$39.50	\$93.29	\$71.06	\$127.19
<b>Employees earning \$138,500 to less than \$228,200</b>								
YOUR PPO Plan	\$316.88	\$748.48	\$570.42	\$1,020.62	\$158.44	\$374.24	\$285.21	\$510.31
YOUR HSA-Eligible Plan	\$133.92	\$316.30	\$240.98	\$431.30	\$66.96	\$158.15	\$120.49	\$215.65
<b>Employees earning greater than \$228,200<sup>‡</sup></b>								
YOUR PPO Plan	\$340.54	\$804.36	\$613.00	\$1,096.82	\$170.27	\$402.18	\$306.50	\$548.41
YOUR HSA-Eligible Plan	\$153.24	\$361.94	\$275.76	\$493.54	\$76.62	\$180.97	\$137.88	\$246.77

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