

Long-Term Disability Premiums

TOTAL REWARDS
HUMAN RESOURCES
UNIVERSITY OF ROCHESTER

OPEN ENROLLMENT 2024

OCTOBER 2023

Faculty, Staff, and SEIU Members on Long-Term Disability Health Care and Dental Plan[†] Premiums Rate Sheet for January 1–December 31, 2024

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, 2024		Quarterly Premium Contributions January 1–December 31, 2024	
	Single	Employee and Spouse or Domestic Partner	Single	Employee and Spouse or Domestic Partner
Full-Time Employees Earning < \$68,900				
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 \$68,900 to < \$102,300				
YOUR PPO Plan	\$65.00	\$130.00	\$195.00	\$390.00
YOUR HSA-Eligible Plan	\$3.14	\$6.28	\$9.42	\$18.84
Full-Time Employees Earning \$102,300 to \$147,000 and Part-Time Employees < \$147,000 with more than 5 years of service				
YOUR PPO Plan	\$83.90	\$167.80	\$251.70	\$503.40
YOUR HSA-Eligible Plan	\$5.32	\$10.64	\$15.96	\$31.92
Part-time employees earning less than \$147,000 with less than 5 years of service				
YOUR PPO Plan	\$139.12	\$278.24	\$417.36	\$834.72
YOUR HSA-Eligible Plan	\$70.44	\$140.88	\$211.32	\$422.64
Employees Earning \$147,000 to < \$184,600				
YOUR PPO Plan	\$154.58	\$309.16	\$463.74	\$927.48
YOUR HSA-Eligible Plan	\$49.80	\$99.60	\$149.40	\$298.80
Employees Earning \$184,600 to < \$242,100				
YOUR PPO Plan	\$219.50	\$439.00	\$658.50	\$1,317.00
YOUR HSA-Eligible Plan	\$113.30	\$226.60	\$339.90	\$679.80
Employees Earning > \$242,100				
YOUR PPO Plan	\$275.08	\$550.16	\$825.24	\$1,650.48
YOUR HSA-Eligible Plan	\$152.90	\$305.80	\$458.70	\$917.40

University Dental Plans [†]	Monthly Rates		Quarterly Rates	
	Single	Family	Single	Family
Traditional Dental Plan	\$4.66	\$9.46	\$13.98	\$28.38
Medallion Dental Plan	\$14.56	\$29.82	\$43.68	\$89.46

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 November 15, 2023.**

* 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, 2024

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, 2024				Quarterly Premium Contributions January 1–December 31, 2024			
	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 < \$68,900								
YOUR PPO Plan	\$135.48	\$319.96	\$243.76	\$436.28	\$406.44	\$959.88	\$731.28	\$1,308.84
YOUR HSA-Eligible Plan	\$13.86	\$32.70	\$24.90	\$44.58	\$41.58	\$98.10	\$74.70	\$133.74
Full-Time Employees Earning \$68,900 to < \$102,300								
YOUR PPO Plan	\$200.48	\$473.56	\$360.86	\$645.72	\$601.44	\$1,420.68	\$1,082.58	\$1,937.16
YOUR HSA-Eligible Plan	\$17.00	\$40.16	\$30.56	\$54.76	\$51.00	\$120.48	\$91.68	\$164.28
Full-Time Employees Earning \$102,300 to \$147,000 and Part-Time Employees < \$147,000 with more than 5 years of service								
YOUR PPO Plan	\$219.38	\$518.18	\$394.86	\$706.56	\$658.14	\$1,554.54	\$1,184.58	\$2,119.68
YOUR HSA-Eligible Plan	\$19.18	\$45.30	\$34.48	\$61.78	\$57.54	\$135.90	\$103.44	\$185.34
Part-time employees earning less than \$147,000 with less than 5 years of service[†]								
YOUR PPO Plan	\$274.60	\$648.56	\$494.26	\$884.34	\$823.80	\$1,945.68	\$1,482.78	\$2,653.02
YOUR HSA-Eligible Plan	\$84.30	\$199.06	\$151.64	\$271.40	\$252.90	\$597.18	\$454.92	\$814.20
Employees Earning \$147,000 to < \$184,600								
YOUR PPO Plan	\$290.06	\$685.12	\$522.12	\$934.22	\$870.18	\$2,055.36	\$1,566.36	\$2,802.66
YOUR HSA-Eligible Plan	\$63.66	\$150.36	\$114.56	\$205.02	\$190.98	\$451.08	\$343.68	\$615.06
Employees Earning \$184,600 to < \$242,100[‡]								
YOUR PPO Plan	\$354.98	\$838.48	\$639.02	\$1,143.36	\$1,064.94	\$2,515.44	\$1,917.06	\$3,430.08
YOUR HSA-Eligible Plan	\$127.16	\$300.34	\$228.82	\$409.54	\$381.48	\$901.02	\$686.46	\$1,228.62
Employees Earning > \$242,100								
YOUR PPO Plan	\$410.56	\$969.74	\$739.04	\$1,322.34	\$1,231.68	\$2,909.22	\$2,217.12	\$3,967.02
YOUR HSA-Eligible Plan	\$166.76	\$393.88	\$300.10	\$537.10	\$500.28	\$1,181.64	\$900.30	\$1,611.30

University Dental Plans [†]	Monthly Rates		Quarterly Rates	
	Single	Family	Single	Family
Traditional Dental Plan	\$4.66	\$9.46	\$13.98	\$28.38
Medallion Dental Plan	\$14.56	\$29.82	\$43.68	\$89.46

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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, 2024				Quarterly Premium Contributions January 1–December 31, 2024			
	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 < \$68,900								
YOUR PPO Plan	\$0.00	\$135.48	\$108.28	\$243.76	\$0.00	\$406.44	\$324.84	\$731.28
YOUR HSA-Eligible Plan	\$0.00	\$13.86	\$11.04	\$24.90	\$0.00	\$41.58	\$33.12	\$74.70
Full-Time Employees Earning \$68,900 to < \$102,300								
YOUR PPO Plan	\$65.00	\$265.48	\$225.38	\$425.86	\$195.00	\$796.44	\$676.14	\$1,277.58
YOUR HSA-Eligible Plan	\$3.14	\$20.14	\$16.70	\$33.70	\$9.42	\$60.42	\$50.10	\$101.10
Full-Time Employees Earning \$102,300 to \$147,000 and Part-Time Employees < \$147,000 with more than 5 years of service								
YOUR PPO Plan	\$83.90	\$303.28	\$259.38	\$478.76	\$251.70	\$909.84	\$778.14	\$1,436.28
YOUR HSA-Eligible Plan	\$5.32	\$24.50	\$20.62	\$39.80	\$15.96	\$73.50	\$61.86	\$119.40
Part-time employees earning less than \$147,000 with less than 5 years of service[†]								
YOUR PPO Plan	\$139.12	\$413.72	\$358.78	\$633.38	\$417.36	\$1,241.16	\$1,076.34	\$1,900.14
YOUR HSA-Eligible Plan	\$70.44	\$154.74	\$137.78	\$222.08	\$211.32	\$464.22	\$413.34	\$666.24
Employees Earning \$147,000 to < \$184,600								
YOUR PPO Plan	\$154.58	\$444.64	\$386.64	\$676.70	\$463.74	\$1,333.92	\$1,159.92	\$2,030.10
YOUR HSA-Eligible Plan	\$49.80	\$113.46	\$100.70	\$164.36	\$149.40	\$340.38	\$302.10	\$493.08
Employees Earning \$184,600 to < \$242,100[†]								
YOUR PPO Plan	\$219.50	\$574.48	\$503.54	\$858.52	\$658.50	\$1,723.44	\$1,510.62	\$2,575.56
YOUR HSA-Eligible Plan	\$113.30	\$240.46	\$214.96	\$342.12	\$339.90	\$721.38	\$644.88	\$1,026.36
Employees Earning > \$242,100								
YOUR PPO Plan	\$275.08	\$685.64	\$603.56	\$1,014.12	\$825.24	\$2,056.92	\$1,810.68	\$3,042.36
YOUR HSA-Eligible Plan	\$152.90	\$319.66	\$286.24	\$453.00	\$458.70	\$958.98	\$858.72	\$1,359.00

University Dental Plans [†]	Monthly Rates		Quarterly Rates	
	Single	Family	Single	Family
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[†] Eligibility rules apply

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