

# 2024 Benefit Plan Rates for Faculty and Staff

Medical Plans	Kaiser Permanente HMO		Blue Shield Access+ HMO		Blue Shield Trio HMO		Blue Shield HDHP (PPO)	
	Monthly	Bi-Weekly (24 Deductions)	Monthly	Bi-Weekly (24 Deductions)	Monthly	Bi-Weekly (24 Deductions)	Monthly	Bi-Weekly (24 Deductions)
Employee Only	\$67.91	\$33.96	\$63.30	\$31.65	\$24.99	\$12.50	\$61.89	\$30.95
Two Party	\$285.20	\$142.60	\$265.83	\$132.92	\$104.94	\$52.47	\$260.20	\$130.10
Family	\$611.14	\$305.57	\$569.11	\$284.56	\$224.65	\$112.33	\$559.05	\$279.53

Note: Imputed income taxation applies when enrolling a domestic partner; please see your benefits representative for additional information.

Dental Plans	Cigna Dental DHMO		Cigna Dental DPPO	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly
Employee Only	\$5.93	\$2.97	\$40.31	\$20.16
Two Party	\$16.16	\$8.08	\$79.20	\$39.60
Family	\$33.28	\$16.64	\$156.32	\$78.16

Vision Plans	Anthem Vision Core		Anthem Vision Buy-Up	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly
Employee Only	\$0.00	\$0.00	\$7.46	\$3.73
Two Party	\$1.53	\$0.77	\$12.60	\$6.30
Family	\$3.41	\$1.71	\$20.90	\$10.45

Accident Insurance (Voya) Monthly Rates		Low	High
Employee		\$7.97	\$11.52
Employee + Spouse		\$13.28	\$19.20
Employee + Child		\$15.72	\$22.73
Family		\$21.03	\$30.41

Hospital Indemnity Insurance (Voya) Monthly Rates		Low	High
Employee		\$18.91	\$37.82
Employee + Spouse		\$39.62	\$79.24
Employee + Child		\$28.56	\$57.13
Family		\$49.27	\$98.55

Age	Employee Amount: 15,000 Spouse Amount: \$7,500 Child Amount: \$5,000				Employee Amount: 30,000 Spouse Amount: \$15,000 Child Amount: \$10,000			
	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + FAMILY	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + FAMILY
< 29	\$6.10	\$10.25	\$8.05	\$12.20	\$10.90	\$17.90	\$14.80	\$21.80
30-39	\$7.15	\$11.90	\$9.10	\$13.85	\$13.00	\$21.20	\$16.90	\$25.10
40-49	\$14.20	\$22.78	\$16.15	\$24.73	\$27.10	\$42.95	\$31.00	\$46.85
50-59	\$28.75	\$46.25	\$30.70	\$48.20	\$56.20	\$89.90	\$60.10	\$93.80
60-64	\$43.00	\$68.23	\$44.95	\$70.18	\$84.70	\$133.85	\$88.60	\$137.75
65-69	\$52.90	\$85.10	\$54.85	\$87.05	\$104.50	\$167.60	\$108.40	\$171.50
70+	\$78.25	\$119.45	\$80.20	\$121.40	\$155.20	\$236.30	\$159.10	\$240.20

Monthly Voluntary Legal Assistance Insurance (Arag)	Monthly Voluntary Identity Protection Insurance (Allstate)	Monthly Voluntary Pet Insurance (Nationwide)
\$18.25 (Employee only and family coverage)	Employee Only \$7.95 Family \$13.95	<a href="http://www.petinsurance.com/claremont">www.petinsurance.com/claremont</a> or call 877-738-7874

Supplemental Life Insurance (Unum)	
Age	Employee & Spouse Monthly Rates (per \$1,000 of coverage)
< 29	\$0.023
30 - 34	\$0.028
35 - 39	\$0.041
40 - 44	\$0.069
45 - 49	\$0.103
50 - 54	\$0.158
55 - 59	\$0.282
60 - 64	\$0.434
65 - 69	\$0.874
70 +	\$1.418
Dependent Child(ren) Life Insurance	\$1.05 for \$15,000 of coverage per child

AD&D (Zurich)		
Benefit Amount	Employee Only	Family
\$25,000	\$0.48	\$0.93
\$50,000	\$0.95	\$1.85
\$75,000	\$1.43	\$2.78
\$100,000	\$1.90	\$3.70
\$125,000	\$2.38	\$4.63
\$150,000	\$2.85	\$5.55
\$175,000	\$3.33	\$6.48
\$200,000	\$3.80	\$7.40
\$225,000	\$4.28	\$8.33
\$250,000	\$4.75	\$9.25
\$275,000	\$5.23	\$10.18
\$300,000	\$5.70	\$11.10
\$325,000	\$6.18	\$12.03
\$350,000	\$6.65	\$12.95
\$375,000	\$7.13	\$13.88
\$400,000	\$7.60	\$14.80
\$425,000	\$8.08	\$15.73
\$450,000	\$8.55	\$16.65
\$475,000	\$9.03	\$17.58
\$500,000	\$9.50	\$18.50