

**2026 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	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly
EE Only	\$ 87.03	\$ 43.52	\$ 79.62	\$ 39.81	\$ 31.83	\$ 15.92	\$ 72.58	\$ 36.29
EE + Spouse	\$ 365.52	\$ 182.76	\$ 334.39	\$ 167.20	\$ 133.70	\$ 66.85	\$ 304.83	\$ 152.42
EE + Child(ren)	\$ 313.30	\$ 156.65	\$ 286.62	\$ 143.31	\$ 114.60	\$ 57.30	\$ 261.28	\$ 130.64
Family	\$ 809.37	\$ 404.69	\$ 740.45	\$ 370.23	\$ 296.06	\$ 148.03	\$ 674.98	\$ 337.49

Dental Plans	Cigna Dental DHMO		Cigna Dental DPPO	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly
EE Only	\$ 6.37	\$ 3.19	\$ 40.31	\$ 20.16
EE + 1	\$ 17.37	\$ 8.69	\$ 79.20	\$ 39.60
EE + Family	\$ 35.77	\$ 17.89	\$ 156.32	\$ 78.16

Vision Plans	VSP Vision Core		VSP Vision Buy Up	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly
EE Only	\$ -	\$ -	\$ 7.12	\$ 3.56
EE + 1	\$ 1.48	\$ 0.74	\$ 12.86	\$ 6.43
EE + Family	\$ 3.31	\$ 1.66	\$ 21.81	\$ 10.91

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

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

Critical Illness Insurance (Voya)		Employee Amount: 15,000 Spouse Amount: 7,500 Child Amount: 5,000				Employee Amount: 30,000 Spouse Amount: 15,000 Child Amount: 10,000			
Age	EE	EE + Spouse	EE + Child	EE + Family	EE	EE + Spouse	EE + Child	EE + 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	

Voluntary Legal Assistance Insurance (Arag) Monthly Rates	Voluntary Identity Protection Insurance (Allstate) Monthly Rates	Voluntary Pet Insurance (Nationwide) Monthly Rates
#REF!	EE Only \$ 7.95 Family \$ 13.95	www.petinsurance.com/claremont or call (877) 738-7874

Supplemental Life Insurance (Unum) Employee & Spouse Monthly Rates (per 1,000 of coverage)	
Age	Monthly Rates
<29	\$ 0.02
30-34	\$ 0.03
35-39	\$ 0.04
40-44	\$ 0.07
45-49	\$ 0.10
50-54	\$ 0.16
55-59	\$ 0.28
60-64	\$ 0.43
65-69	\$ 0.87
70+	\$ 1.42
Dependent Child(ren) Life Insurance	\$1.05 for 15,000 of coverage per child

AD&D (Zurich)		
Benefit Amount	EE 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