





2021-22 BENEFIT PREMIUMS

Premiums are based on coverage level (Employee Only, Employee plus One or Employee & Family) and are deducted from your paycheck each pay.


AFSCME PPO Medical Plan

	BI-WEEKLY
Employee Only	\$60.31
Employee plus One	\$120.61
Employee & Family	\$180.92

Dental Premiums


	BI-WEEKLY
Employee Only	\$1.89
Employee plus One	\$14.49
Employee & Family	\$27.09

Orthodontia Premiums (includes Dental)

	BI-WEEKLY
Employee Only	\$2.05
Employee plus One	\$15.69
Employee & Family	\$29.33

Vision Premiums

VSP Standard Plan

	BI-WEEKLY
Employee Only	\$0.26
Employee plus One	\$0.73
Employee & Family	\$1.32

VSP Enhanced Plan

	BI-WEEKLY
Employee Only	\$1.55
Employee plus One	\$3.96
Employee & Family	\$6.52

Supplemental Life (Premium quoted is per \$10,000 unit)

Supplemental Life Insurance is available for purchase in \$10,000 increments. Premiums listed below are for each \$10,000 unit purchased.

For example: a 34 year old employee paid bi-weekly purchasing \$20,000 of insurance will pay \$0.36 per pay (\$0.18 x 2 units)

AGE	BI-WEEKLY
Under 34	.18
35-39	.28
40-44	.32
45-49	.51
50-54	.88
55-59	1.43
60-64	2.49
65-69	3.74
70-74	6.69
75+	9.51

Dependent Life Premiums

Premiums for Dependent Life are blended- this means you pay one flat premium regardless of the number of family members you cover.

COVERAGE LEVEL	BI-WEEKLY
<i>Option 1</i> Spouse \$5,000 Child \$2,000	.56
<i>Option 2</i> Spouse 10,000 Child \$5,000	1.20
<i>Option 3</i> Spouse \$20,000 Child \$10,000	2.28



Short Term Disability Premiums

Premiums are based on your age and your salary and are paid on an after-tax basis. The weekly benefit amount is paid up to a maximum of \$2,400 per week. The weekly benefit for the premium calculation is also capped at \$2,400.

AGE	RATE PER \$10 OF COVERAGE
Under 25	.25
25-29	.28
30-34	.23
35-39	.20
40-44	.20
45-49	.20
50-54	.23
55-59	.31
60-64	.37
65+	.41

To calculate your premium, divide your annual salary by 52 weeks to determine your weekly benefit. Multiply this by 60% then divide by 10 and multiply by the rate that corresponds to your age. The formula is:

$$\text{Annual salary} / 52 \times 60\% / 10 \times \text{Rate per } \$10 \text{ of Coverage}$$

For example, the rate for an individual age 40 earning \$50,000 per year is:

$$\$50,000 / 52 \times 60\% / 10 \times \$0.20 = \$11.53 \text{ per month}$$

SEMI MONTHLY				BI-WEEKLY
18	20	22	24	26
\$7.69	\$6.92	\$6.29	\$5.77	\$5.32

Examples of Short Term Disability Premium Calculations

The following are some examples of premiums at various income and age levels.

Age	Annual Salary	Weekly Benefit (Salary / 52 weeks x 60%)	Rate per \$10 of Benefit	Monthly Premium (Weekly Benefit / 10 X rate)	Bi-Weekly Premium
35	\$40,000	\$461.54	\$0.20	\$9.23	\$4.26
50	\$40,000	\$461.54	\$0.23	\$10.62	\$4.90
60	\$40,000	\$461.54	\$0.37	\$17.08	\$7.88

35	\$60,000	\$692.31	\$0.20	\$13.85	\$6.39
50	\$60,000	\$692.31	\$0.23	\$15.92	\$7.35
60	\$60,000	\$692.31	\$0.37	\$25.62	\$11.82

35	\$80,000	\$923.08	\$0.20	\$18.46	\$8.52
50	\$80,000	\$923.08	\$0.23	\$21.23	\$9.80
60	\$80,000	\$923.08	\$0.37	\$34.15	\$15.76

Need help calculating your Short Term Disability premium?
Visit <https://www.ohio.edu/hr/benefits/disability> to download a Rate Calculator