



AFSCME 1699 2023-24 PREMIUMS

Premiums for Ohio University's AFSCME 1699 PPO Medical Plan are listed below. Premiums, are deducted from your paycheck each pay.

AFSCME 1699 PPO Medical Plan

| BI-WEEKLY | |
|------------------------------|----------------|
| COVERAGE LEVEL | 26 Pays |
| Employee Only | \$75.22 |
| Employee plus One | \$150.43 |
| Employee & Family | \$225.65 |

Dental/ Orthodontia Premiums

| BI-WEEKLY | | |
|------------------------------|--------------------|--------------------------------|
| COVERAGE LEVEL | Dental ONLY | Dental with Orthodontia |
| Employee Only | \$2.06 | \$2.23 |
| Employee plus One | \$15.83 | \$17.13 |
| Employee & Family | \$29.59 | \$32.03 |

Vision Premiums

| BI-WEEKLY | | |
|------------------------------|--------------------------|--------------------------|
| COVERAGE LEVEL | VSP Standard Plan | VSP Enhanced Plan |
| Employee Only | \$0.26 | \$1.55 |
| Employee plus One | \$0.73 | \$3.96 |
| Employee & Family | \$1.32 | \$6.52 |

Life Insurance Premiums

| BI-WEEKLY | |
|-------------------------|----------------|
| COVERAGE LEVEL | 26 Pays |
| Basic Life Plan* | \$0.00 |

*The Basic Life Plan benefit of 2.5 times annual pay to a maximum of \$50,000 is provided free of charge for full-time employees.

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).

| BI-WEEKLY | |
|------------------|----------------|
| AGE | 26 Pays |
| 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.

| BI-WEEKLY | |
|--|----------------|
| COVERAGE LEVEL | 26 Pays |
| <i>Option 1: Spouse \$5,000, Child \$2,000</i> | .56 |
| <i>Option 2: Spouse 10,000, Child \$5,000</i> | 1.20 |
| <i>Option 3: Spouse \$20,000, Child \$10,000</i> | 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:

Annual salary / 52 x 60% / 10 x Rate per \$10 of Coverage

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

\$50,000 / 52 x 60% / 10 x \$0.20 = \$11.53 per month

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

