

Premiums for Ohio University's PPO Medical Plan are based on your coverage level and the number of pays per year. Premiums are deducted from your paycheck each pay.




## AFSCME 1699 PPO Medical Plan

<b>COVERAGE LEVEL</b>	<b>26 BI-WEEKLY PAYS*</b>
Employee Only	\$85.29
Employee plus One	\$170.58
Employee & Family	\$255.86

\*AFSCME 1699 premiums are subject to change pending finalization of a new bargaining unit agreement.


## Dental Premiums

### Dental



	<b>BI-WEEKLY</b>
	<b>26 Pays</b>
Employee Only	\$2.37
Employee plus One	\$18.14
Employee & Family	\$33.91


### Orthodontia Premiums (includes Dental)



	<b>BI-WEEKLY</b>
	<b>26 Pays</b>
Employee Only	\$2.57
Employee plus One	\$19.66
Employee & Family	\$36.76


## Vision Premiums

### VSP Standard Plan



	<b>BI-WEEKLY</b>
	<b>26 Pays</b>
Employee Only	\$0.26
Employee plus One	\$0.73
Employee & Family	\$1.32

### VSP Enhanced Plan



	<b>BI-WEEKLY</b>
	<b>26 Pays</b>
Employee Only	\$1.55
Employee plus One	\$3.96
Employee & Family	\$6.52

## Life Insurance Premiums

	<b>BI-WEEKLY</b>
	<b>26 Pays</b>
<b>Basic Life Plan*</b>	\$0.00

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

### 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)

<b>AGE</b>	<b>BI-WEEKLY</b>
	<b>26 Pays</b>
<b>Under 34</b>	.18
<b>35-39</b>	.28
<b>40-44</b>	.32
<b>45-49</b>	.51
<b>50-54</b>	.88
<b>55-59</b>	1.43
<b>60-64</b>	2.49
<b>65-69</b>	3.74
<b>70-74</b>	6.69
<b>75+</b>	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.

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

*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*

BI-WEEKLY
26
\$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)	26 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