

2026-27 BENEFITS PREMIUMS

Faculty, Administrators, AFSCME 3200 & FOP

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

PPO Medical Plan

Faculty, Administrators, AFSCME 3200/Admin Hourly/FOP

SALARY BRACKET	COVERAGE LEVEL	SEMI MONTHLY				BI-WEEKLY
		18 Pays (9 Months)	20 Pays (10 Months)	22 Pays (11 Months)	24 Pays (12 Months)	26 Pays AFSCME 3200/FOP/ Admin Hourly
		Faculty	Administrators			
B1 \$0 \$46,400	Employee Only	\$81.44	\$73.30	\$66.63	\$61.08	\$56.38
	Employee plus One	\$180.98	\$162.89	\$148.08	\$135.74	\$125.30
	Employee & Family	\$298.62	\$268.76	\$244.33	\$223.97	\$206.74
B2 \$46,401 \$54,100	Employee Only	\$89.36	\$80.42	\$73.11	\$67.02	\$61.86
	Employee plus One	\$198.58	\$178.72	\$162.47	\$148.93	\$137.48
	Employee & Family	\$327.66	\$294.89	\$268.08	\$245.74	\$226.84
B3 \$54,101 \$61,200	Employee Only	\$97.28	\$87.55	\$79.59	\$72.96	\$67.35
	Employee plus One	\$216.18	\$194.56	\$176.87	\$162.13	\$149.66
	Employee & Family	\$356.69	\$321.02	\$291.84	\$267.52	\$246.94
B4 \$61,201 \$69,200	Employee Only	\$105.20	\$94.68	\$86.07	\$78.90	\$72.83
	Employee plus One	\$233.77	\$210.39	\$191.27	\$175.33	\$161.84
	Employee & Family	\$385.72	\$347.15	\$315.59	\$289.29	\$267.04
B5 \$69,201 \$77,000	Employee Only	\$113.11	\$101.80	\$92.55	\$84.84	\$78.31
	Employee plus One	\$251.37	\$226.23	\$205.66	\$188.53	\$174.02
	Employee & Family	\$414.75	\$373.28	\$339.34	\$311.07	\$287.14
B6 \$77,001 \$86,600	Employee Only	\$121.03	\$108.93	\$99.03	\$90.77	\$83.79
	Employee plus One	\$268.96	\$242.07	\$220.06	\$201.72	\$186.20
	Employee & Family	\$443.79	\$399.41	\$363.10	\$332.84	\$307.24
B7 \$86,601 \$99,900	Employee Only	\$128.95	\$116.06	\$105.50	\$96.71	\$89.27
	Employee plus One	\$286.56	\$257.90	\$234.46	\$214.92	\$198.39
	Employee & Family	\$472.82	\$425.54	\$386.85	\$354.61	\$327.34
B8 \$99,901 \$121,200	Employee Only	\$136.87	\$123.18	\$111.98	\$102.65	\$94.76
	Employee plus One	\$304.15	\$273.74	\$248.85	\$228.12	\$210.57
	Employee & Family	\$501.85	\$451.67	\$410.61	\$376.39	\$347.44
B9 \$121,201 +	Employee Only	\$144.79	\$130.31	\$118.46	\$108.59	\$100.24
	Employee plus One	\$321.75	\$289.57	\$263.25	\$241.31	\$222.75
	Employee & Family	\$530.89	\$477.80	\$434.36	\$398.16	\$367.54




University Human Resources

Spouse/ Domestic Partner Premium*


Employee's choosing to enroll their spouse or domestic partner in a health insurance plan are charged an additional premium per pay if the spouse/partner is employed and not enrolled in his/her employer's health plan. If your spouse/partner is also employed by Ohio University, the additional premium will not apply.

SEMI MONTHLY				BI-WEEKLY
18 Pays (9 Months)	20 Pays (10 Months)	22 Pays (11 Months)	24 Pays (12 Months)	26 Pays (AFSCME 3200/ Admin Hourly)
\$33.33	\$30.00	\$27.27	\$25.00	\$23.08

Dental Premiums


	SEMI MONTHLY				BI-WEEKLY
	18 Pays (9 Months)	20 Pays (10 Months)	22 Pays (11 Months)	24 Pays (12 Months)	26 Pays (Admin Hourly, AFSCME 1699 & 3200/ FOP)
Employee Only	\$3.42	\$3.08	\$2.80	\$2.56	\$2.37
Employee plus One	\$26.20	\$23.58	\$21.43	\$19.65	\$18.14
Employee & Family	\$48.98	\$44.08	\$40.07	\$36.73	\$33.91

Orthodontia Premiums (includes Dental Coverage)


	SEMI MONTHLY				BI-WEEKLY
	18 Pays (9 Months)	20 Pays (10 Months)	22 Pays (11 Months)	24 Pays (12 Months)	26 Pays (Admin Hourly, AFSCME 1699 & 3200/ FOP)
Employee Only	\$3.71	\$3.33	\$3.03	\$2.78	\$2.57
Employee plus One	\$28.40	\$25.56	\$23.24	\$21.30	\$19.66
Employee & Family	\$53.10	\$47.79	\$43.44	\$39.82	\$36.76

Vision Premiums

VSP Standard Plan

	SEMI MONTHLY				BI-WEEKLY
	18 Pays (9 Months)	20 Pays (10 Months)	22 Pays (11 Months)	24 Pays (12 Months)	26 Pays (Admin Hourly, AFSCME 1699 & 3200/ FOP)
Employee Only	\$0.37	\$0.34	\$0.30	\$0.28	\$0.26
Employee plus One	\$1.05	\$0.95	\$0.86	\$0.79	\$0.73
Employee & Family	\$1.90	\$1.71	\$1.56	\$1.43	\$1.32

VSP Enhanced Plan

	SEMI MONTHLY				BI-WEEKLY
	18 Pays (9 Months)	20 Pays (10 Months)	22 Pays (11 Months)	24 Pays (12 Months)	26 Pays (Admin Hourly, AFSCME 1699 & 3200/ FOP)
Employee Only	\$2.23	\$2.01	\$1.83	\$1.68	\$1.55
Employee plus One	\$5.72	\$5.15	\$4.68	\$4.29	\$3.96
Employee & Family	\$9.41	\$8.47	\$7.70	\$7.06	\$6.52

Life Insurance Premiums

	SEMI MONTHLY				BI-WEEKLY
	18 Pays (9 Months)	20 Pays (10 Months)	22 Pays (11 Months)	24 Pays (12 Months)	26 Pays (Admin Hourly, AFSCME 1699 & 3200/ FOP)
Basic Life Plan*	\$0.00	\$0.00	\$0.00	\$0.00	\$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)

AGE	SEMI MONTHLY				BI-WEEKLY
	18 Pays (9 Months)	20 Pays (10 Months)	22 Pays (11 Months)	24 Pays (12 Months)	26 Pays (Admin Hourly, AFSCME 1699 & 3200/ FOP)
Under 34	.26	.24	.22	.20	.18
35-39	.40	.36	.33	.30	.28
40-44	.47	.42	.38	.35	.32
45-49	.73	.66	.60	.55	.51
50-54	1.27	1.14	1.04	.95	.88
55-59	2.07	1.86	1.69	1.55	1.43
60-64	3.60	3.24	2.95	2.70	2.49
65-69	5.40	4.86	4.42	4.05	3.74
70-74	9.67	8.70	7.91	7.25	6.69
75+	13.73	12.36	11.24	10.30	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	SEMI MONTHLY				BI-WEEKLY
	18 Pays (9 Months)	20 Pays (10 Months)	22 Pays (11 Months)	24 Pays (12 Months)	26 Pays (Admin Hourly, AFSCME 1699 & 3200/ FOP)
Option 1 Spouse \$5,000 Child \$2,000	.81	.73	.67	.61	.56
Option 2 Spouse 10,000 Child \$5,000	1.73	1.56	1.42	1.30	1.20
Option 3 Spouse \$20,000 Child \$10,000	3.29	2.96	2.69	2.47	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

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)	18 Semi Monthly Pay Premiums	20 Semi Monthly Pay Premiums	22 Semi Monthly Pay Premiums	24 Semi Monthly Pay Premiums	26 Bi-Weekly Premium
35	\$40,000	\$461.54	\$0.20	\$9.23	\$6.15	\$5.54	\$5.03	\$4.62	\$4.26
50	\$40,000	\$461.54	\$0.23	\$10.62	\$7.08	\$6.37	\$5.79	\$5.31	\$4.90
60	\$40,000	\$461.54	\$0.37	\$17.08	\$11.38	\$10.25	\$9.31	\$8.54	\$7.88

35	\$60,000	\$692.31	\$0.20	\$13.85	\$9.23	\$8.31	\$7.55	\$6.92	\$6.39
50	\$60,000	\$692.31	\$0.23	\$15.92	\$10.62	\$9.55	\$8.69	\$7.96	\$7.35
60	\$60,000	\$692.31	\$0.37	\$25.62	\$17.08	\$15.37	\$13.97	\$12.81	\$11.82

35	\$80,000	\$923.08	\$0.20	\$18.46	\$12.31	\$11.08	\$10.07	\$9.23	\$8.52
50	\$80,000	\$923.08	\$0.23	\$21.23	\$14.15	\$12.74	\$11.58	\$10.62	\$9.80
60	\$80,000	\$923.08	\$0.37	\$34.15	\$27.77	\$20.49	\$18.63	\$17.08	\$15.76

Need help calculating your Short Term Disability premium?

Visit <https://www.ohio.edu/hr/benefits/disability> to download a Rate Calculator