

Ψ 2020 IU BENEFIT PLAN PREMIUMS

IU Medical Plans

The "Total Monthly Premium" column listed below includes your contribution and the university's contribution to the medical plan on your behalf.

Medical Plan & Level of Coverage	Annual Base Salary*							Total Monthly Premium
	Below \$35,000	\$35,000 to \$59,999	\$60,000 to \$99,999	\$100,000 to \$149,999	\$150,000 to \$199,999	\$200,000 to \$249,999	\$250,000 & Above	
Employee Only								
IU Health HDHP	\$34.75	\$46.58	\$60.92	\$76.85	\$93.40	\$113.81	\$132.16	\$302.60
Anthem PPO HDHP	\$41.30	\$55.26	\$71.91	\$90.59	\$109.96	\$133.92	\$155.41	\$355.58
Anthem PPO \$500 Deductible	\$144.93	\$175.16	\$226.84	\$270.87	\$316.54	\$363.92	\$413.06	\$851.18
Employee w/Child(ren)								
IU Health HDHP	\$62.55	\$83.86	\$109.67	\$138.33	\$168.11	\$204.85	\$237.88	\$578.95
Anthem PPO HDHP	\$74.33	\$99.47	\$129.45	\$163.06	\$197.92	\$241.04	\$279.75	\$680.32
Anthem PPO \$500 Deductible	\$260.87	\$315.30	\$408.32	\$487.56	\$569.76	\$655.06	\$743.53	\$1,617.23
Employee w/Spouse								
IU Health HDHP	\$92.09	\$123.46	\$161.45	\$203.65	\$247.51	\$301.59	\$350.22	\$805.95
Anthem PPO HDHP	\$109.43	\$146.44	\$190.58	\$240.06	\$291.40	\$354.87	\$411.86	\$947.06
Anthem PPO \$500 Deductible	\$384.05	\$464.20	\$601.16	\$717.81	\$838.81	\$964.40	\$1,094.66	\$2,255.62
Family								
IU Health HDHP	\$111.20	\$149.08	\$194.95	\$245.92	\$298.87	\$364.18	\$422.91	\$912.56
Anthem PPO HDHP	\$132.15	\$176.84	\$230.13	\$289.88	\$351.88	\$428.53	\$497.33	\$1,072.34
Anthem PPO \$500 Deductible	\$463.76	\$560.52	\$725.92	\$866.77	\$1,012.89	\$1,164.55	\$1,321.83	\$2,553.53

IU Dental Plan

Your contribution is deducted before taxes. Your salary band is determined by your annual base salary at the time each payroll is run. The plan contributions listed below are configured to reflect the difference between the total premium and the university's contribution amount.

Level of Coverage	Annual Base Salary*			Total Monthly Premium
	Below \$35,000	\$35,000 to \$59,999	\$60,000 and Above	
Employee Only	\$8.19	\$10.27	\$12.20	\$38.58
Employee w/Child(ren)	\$14.74	\$18.51	\$21.95	\$69.48
Employee w/Spouse	\$19.23	\$24.16	\$28.62	\$90.63
Family	\$28.04	\$35.22	\$41.74	\$132.18

*IMPORTANT NOTES:

- Employee contributions are deducted before taxes.
- The salary band is determined by the annual base salary at the time payroll runs each pay period.
- Eligible employees are able to elect medical coverage with or without electing dental coverage.
- Faculty appointed as 10-month Academic employees who do not receive pay in the summer, will have medical plan premiums caught up when they return in August. This means premiums from June, July, and August will all be deducted from the August paycheck.
- **Special note for dually employed IU and IU Health Physicians:** For School of Medicine faculty who are dually employed by IU and IU Health or the VA, the annual base salary includes both the IU base salary and IU Health compensation, as determined by the School of Medicine.

Supplemental AD&D

Premiums are paid by the employee and deducted before taxes.

Benefit Amount	Monthly Cost for Employee Only Coverage	Monthly Cost for Employee and Family Coverage*
\$30,000	\$0.42	\$0.72
\$60,000	\$0.84	\$1.44
\$90,000	\$1.26	\$2.16
\$120,000	\$1.68	\$2.88
\$180,000	\$2.52	\$4.32
\$240,000	\$3.36	\$5.76
\$300,000	\$4.20	\$7.20
\$350,000	\$4.90	\$8.40
\$400,000	\$5.60	\$9.60
\$450,000	\$6.30	\$10.80
\$500,000	\$7.00	\$12.00

*For Employee and Family Coverage, benefits for family members will be a percentage of the Benefit Amount selected.

Supplemental Life Insurance

Premiums are paid by the employee and deducted after taxes.

Employee Coverage

Age	Premium Per \$1,000/Insurance	Age	Premium Per \$1,000/Insurance
Under 30	\$0.03	50-54	\$0.14
30-34	\$0.04	55-59	\$0.24
35-39	\$0.05	60-64	\$0.37
40-44	\$0.06	65-69	\$0.67
45-49	\$0.09	70 & Up	\$1.20

Spouse Coverage

Benefit Amount	Monthly Premium
\$10,000	\$2.00
\$20,000	\$4.00
\$30,000	\$6.00
\$45,000	\$9.00

Dependent Child Coverage

Benefit Amount	Monthly Premium
\$10,000 per covered child	\$2.00*

*One premium pays for all covered children (i.e. one child would cost \$2.00 per month. Five children would cost \$2.00 per month).

Long Term Disability

Premiums are paid by the employee and deducted before taxes. Estimate your premium by following the below calculation:

1. Choose the option you want.
2. Locate your age on the chart below.
3. Find the corresponding rate in the column of the option you selected.
4. Divide your base annual salary by 12 to find your monthly salary.
5. Multiply your monthly salary by the corresponding rate in the column of the option you selected.

Option A: 180-day Benefit Waiting Period

Option B: 90-day Benefit Waiting Period

Option C: 180-day Benefit Waiting Period with Annuity Contribution Benefit

Option D: 90-day Benefit Waiting Period with Annuity Contribution Benefit

Age Range	Option A	Option B	Option C	Option D
Under 40	.00059	.00069	.00083	.00100
40-44	.00143	.00186	.00192	.00249
45-49	.00241	.00310	.00311	.00401
50-54	.00387	.00499	.00501	.00645
55-69	.00474	.00616	.00617	.00800
70 & Over	.00710	.00915	.00922	.01190