

Benefit Plan Premiums

Medical, Dental, and Supplemental AD&D Coverage

IU Medical Plans (Monthly Contributions)

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	\$36.83	\$49.38	\$64.57	\$81.46	\$99.01	\$120.64	\$140.09	\$328.46
Anthem PPO HDHP	\$43.77	\$58.58	\$76.22	\$96.02	\$116.56	\$141.95	\$164.74	\$385.98
Anthem PPO \$500 Deductible	\$153.62	\$185.67	\$240.45	\$287.12	\$335.53	\$385.76	\$437.85	\$923.95
EMPLOYEE W/CHILD(REN)								
IU Health HDHP	\$66.30	\$88.90	\$116.25	\$146.63	\$178.20	\$217.14	\$252.15	\$628.44
Anthem PPO HDHP	\$78.78	\$105.44	\$137.22	\$172.84	\$209.80	\$255.50	\$296.53	\$738.48
Anthem PPO \$500 Deductible	\$276.52	\$334.22	\$432.82	\$516.82	\$603.94	\$694.36	\$788.14	\$1,755.49
EMPLOYEE W/SPOUSE								
IU Health HDHP	\$97.61	\$130.87	\$171.14	\$215.87	\$262.36	\$319.69	\$371.23	\$874.85
Anthem PPO HDHP	\$116.00	\$155.22	\$202.01	\$254.46	\$308.89	\$376.16	\$436.57	\$1,028.02
Anthem PPO \$500 Deductible	\$407.10	\$492.05	\$637.23	\$760.88	\$889.13	\$1,022.26	\$1,160.34	\$2,448.45
FAMILY								
IU Health HDHP	\$117.87	\$158.02	\$206.65	\$260.68	\$316.80	\$386.03	\$448.28	\$990.57
Anthem PPO HDHP	\$140.07	\$187.45	\$243.93	\$307.27	\$372.99	\$454.24	\$527.17	\$1,164.02
Anthem PPO \$500 Deductible	\$491.59	\$594.15	\$769.47	\$918.78	\$1,073.67	\$1,234.42	\$1,401.14	\$2,771.84

*Salary band is determined by your annual base salary at the time payroll runs each month. For School of Medicine full-time faculty who receive a portion of their pay from an IU Health or VA paycheck, annual base salary includes both IU base salary and certain IU Health fixed and/or variable compensation, as determined by the School of Medicine.

IU Dental Plan (Monthly Contributions)

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	\$8.28	\$10.38	\$12.33	\$39.01
Employee w/Child(ren)	\$14.90	\$18.71	\$22.19	\$70.24
Employee w/Spouse	\$19.44	\$24.43	\$28.94	\$91.63
Family	\$28.35	\$35.61	\$42.20	\$133.64

***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 entirely 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.