



Benefit Plan Monthly Premiums

2024 Plan Year

MEDICAL PLANS

Subtract \$15 per month for the employee or spouse (or \$30 for both) who do not use tobacco and complete a tobacco-free affidavit, OR complete the university-approved tobacco cessation program (Indiana Tobacco QuitLine).

Medical Plan & Level of Coverage	Annual Base Salary*							Total Monthly Premium
	Below \$38,100	\$38,100 to \$66,949	\$66,950 to \$99,999	\$100K to \$149,999	\$150K to \$199,999	\$200K to \$249,999	\$250K & Above	
ANTHEM PPO HDHP								
Employee Only	\$47.82	\$63.98	\$83.27	\$104.90	\$127.32	\$155.06	\$179.96	\$461.08
Employee + Child(ren)	\$86.06	\$115.17	\$149.89	\$188.80	\$229.17	\$279.10	\$323.92	\$882.13
Employee + Spouse	\$126.72	\$169.55	\$220.67	\$277.96	\$337.41	\$410.90	\$476.89	\$1,228.01
Family	\$153.01	\$204.76	\$266.46	\$335.65	\$407.44	\$496.19	\$575.85	\$1,390.47
ANTHEM PPO \$500								
Employee Only	\$167.81	\$202.82	\$262.66	\$313.64	\$366.51	\$421.39	\$478.28	\$1,103.70
Employee + Child(ren)	\$302.05	\$365.09	\$472.80	\$564.55	\$659.72	\$758.49	\$860.92	\$2,097.01
Employee + Spouse	\$444.70	\$537.50	\$696.08	\$831.16	\$971.25	\$1,116.68	\$1,267.50	\$2,924.77
Family	\$536.99	\$649.02	\$840.54	\$1,003.63	\$1,172.83	\$1,348.43	\$1,530.54	\$3,311.07

DENTAL PLAN

Level of Coverage	Annual Base Salary*			Total Monthly Premium
	Below \$38,100	\$38,100 to \$66,949	\$66,950 & Above	
IU DENTAL PLAN				
Employee Only	\$8.88	\$11.14	\$13.24	\$41.86
Employee + Child(ren)	\$16.00	\$20.09	\$23.81	\$75.39
Employee + Spouse	\$20.87	\$26.22	\$31.06	\$98.34
Family	\$30.42	\$38.22	\$45.30	\$143.43

***IMPORTANT NOTES FOR MEDICAL & DENTAL PREMIUMS:**

- Employee contributions are deducted before taxes.
- The salary band is determined by the annual base salary at the time payroll runs each pay period.
- 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, the annual base salary includes both the IU base salary and IU Health compensation, as determined by the School of Medicine.

SUPPLEMENTAL AD&D

Supplemental AD&D premiums are fully paid by the employee through pre-tax payroll deduction.

Benefit Amount	Employee Only Coverage	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

Benefit Amount	Employee Only Coverage	Family Coverage
\$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

SUPPLEMENTAL LIFE

The monthly premium is a designated amount, based on age, per \$1,000 of coverage. The cost for supplemental coverage is **paid entirely by the employee through after-tax** payroll deductions. While the cost per \$1,000 of coverage is the same for Guarantee Issue and Maximum Coverage options, the monthly premium rate will change as you age. Depending upon your level of coverage, the monthly premium cost may also change with changes in salary.

Coverage Options

Amount of Insurance	Guaranteed Issue	Maximum Coverage
ONE times salary	\$50,000	\$250,000
TWO times salary	\$100,000	\$500,000
THREE times salary	\$150,000	\$750,000
FOUR times salary	\$200,000	\$1,000,000

Supplemental Spouse Life

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

Monthly Premium

Age	Monthly Premium Per \$1,000 of Coverage
Under 30	\$0.03
30–34	\$0.04
35–39	\$0.05
40–44	\$0.06
45–49	\$0.09
50–54	\$0.14
55–59	\$0.24
60–64	\$0.37
65–69	\$0.67
70 and over	\$1.20

Supplemental Child Life

Benefit Amount	Monthly Premium
\$10,000	\$2.00*

*The monthly premium cost provides a \$10,000 benefit for every dependent child of the employee from live birth through age 25.

CRITICAL ILLNESS

Critical Illness premiums are **fully paid by the employee through after-tax** payroll deduction. This policy uses an attained age pricing structure. This means that when you first purchase the policy, the premiums for you and your spouse are calculated based on your age at the time of purchasing the policy. However, your premium is not fixed—it is recalculated based on your date of birth, and increases as you get older and move into the next age bracket.

Benefit Amount	Employee Monthly Premium					
	Age 18 – 29	Age 30 – 39	Age 40 – 49	Age 50 – 59	Age 60 – 69	Age 70 & Up
EMPLOYEE COVERAGE¹						
\$10,000	\$2.10	\$3.00	\$5.70	\$11.40	\$20.70	\$52.10
\$20,000	\$4.20	\$6.00	\$11.40	\$22.80	\$41.40	\$104.20
\$30,000	\$6.30	\$9.00	\$17.10	\$34.20	\$62.10	\$156.30
\$40,000	\$8.40	\$12.00	\$22.80	\$45.60	\$82.80	\$208.40
\$50,000	\$10.50	\$15.00	\$28.50	\$57.00	\$103.50	\$260.50
SPOUSE COVERAGE²						
\$5,000	\$1.05	\$1.50	\$2.85	\$5.70	\$10.35	\$26.05
\$10,000	\$2.10	\$3.00	\$5.70	\$11.40	\$20.70	\$52.10
\$15,000	\$3.15	\$4.50	\$8.55	\$17.10	\$31.05	\$78.15
\$20,000	\$4.20	\$6.00	\$11.40	\$22.80	\$41.40	\$104.20
\$25,000	\$5.25	\$7.50	\$14.25	\$28.50	\$51.75	\$130.25

¹ Eligible children through age 25 are automatically covered at 50% of the employee's benefit amount for no additional cost.

² Premium for spouse coverage is calculated based on the employee's age.