

INDIANA UNIVERSITY
 **Benefit Plan Monthly Premiums**
 2025 Plan Year

MEDICAL PLANS

Subtract \$750 per month for the employee or spouse (or \$15 for both) if they do not use tobacco and complete a tobacco-free affidavit each year, OR complete the university-approved tobacco cessation program (Indiana Tobacco QuitLine).

| Medical Plan & Level of Coverage | Annual Base Salary* | | | | | | | | Monthly COBRA Rates |
|----------------------------------|---------------------|----------------------|----------------------|---------------------|---------------------|---------------------|----------------|-----------------------|---------------------|
| | Below \$39,500 | \$39,500 to \$68,999 | \$69,000 to \$99,999 | \$100K to \$149,999 | \$150K to \$199,999 | \$200K to \$249,999 | \$250K & Above | Total monthly premium | |
| ANTHEM PPO HDHP | | | | | | | | | |
| Employee Only | \$48.54 | \$64.94 | \$84.52 | \$106.47 | \$129.93 | \$157.39 | \$182.66 | \$483.36 | \$503.23 |
| Employee + Child(ren) | \$87.35 | \$116.90 | \$152.14 | \$191.73 | \$232.61 | \$283.29 | \$328.78 | \$943.88 | \$962.76 |
| Employee + Spouse | \$128.62 | \$172.09 | \$223.98 | \$282.13 | \$342.47 | \$417.06 | \$484.04 | \$1,313.97 | \$1,340.25 |
| Family | \$155.31 | \$207.83 | \$270.46 | \$340.68 | \$413.55 | \$503.63 | \$584.49 | \$1,487.80 | \$1,517.56 |
| ANTHEM PPO \$500 | | | | | | | | | |
| Employee Only | \$170.33 | \$205.86 | \$266.60 | \$318.34 | \$372.01 | \$427.71 | \$485.45 | \$1,180.96 | \$1,204.58 |
| Employee + Child(ren) | \$306.58 | \$370.57 | \$479.89 | \$573.02 | \$669.62 | \$769.87 | \$873.83 | \$2,243.80 | \$2,288.68 |
| Employee + Spouse | \$451.37 | \$545.56 | \$706.52 | \$843.63 | \$985.82 | \$1,133.43 | \$1,286.51 | \$3,129.50 | \$3,192.09 |
| Family | \$545.04 | \$658.76 | \$853.15 | \$1,018.68 | \$1,190.42 | \$1,368.66 | \$1,553.50 | \$3,542.84 | \$3,613.70 |

DENTAL PLAN

| Level of Coverage | Annual Base Salary* | | | Total Monthly Premium | Monthly COBRA Rates |
|-----------------------|---------------------|----------------------|------------------|-----------------------|---------------------|
| | Below \$39,500 | \$39,500 to \$68,999 | \$69,000 & Above | | |
| IU DENTAL PLAN | | | | | |
| Employee Only | \$8.88 | \$11.14 | \$13.24 | \$41.86 | \$42.70 |
| Employee + Child(ren) | \$16.00 | \$20.09 | \$23.81 | \$75.39 | \$76.90 |
| Employee + Spouse | \$20.87 | \$26.22 | \$31.06 | \$98.34 | \$100.31 |
| Family | \$30.42 | \$38.22 | \$45.30 | \$143.43 | \$146.30 |

*Salary band is determined by your annual base salary at the time payroll runs each month. For full-time IU School of Medicine faculty who are dually employed by IU and IU Health or the VA, your annual base salary includes both your IU base salary and your IU Health compensation, as determined by the IU 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 each year based on your date of birth, and increases as you get older and move into the next age bracket.

| Benefit Amount | Annual Base Salary* | | | | | |
|--------------------------------------|---------------------|-------------|-------------|-------------|-------------|-------------|
| | 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.