



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

Medical Plan Monthly Premiums

| Medical Plan & Level of Coverage | Annual Base Salary* | | | | | | | Total Monthly Premium |
|----------------------------------|---------------------|-------------------|-------------------|---------------------|---------------------|---------------------|----------------|-----------------------|
| | Below \$35K | \$35K to \$59,999 | \$60K to \$99,999 | \$100K to \$149,999 | \$150K to \$199,999 | \$200K to \$249,999 | \$250K & Above | |
| ANTHEM PPO HDHP | | | | | | | | |
| Employee Only | \$45.29 | \$60.61 | \$78.87 | \$99.36 | \$120.60 | \$146.88 | \$170.46 | \$399.39 |
| Employee + Child(ren) | \$81.52 | \$109.10 | \$141.98 | \$178.84 | \$217.08 | \$264.37 | \$306.83 | \$764.12 |
| Employee + Spouse | \$120.03 | \$160.61 | \$209.03 | \$263.30 | \$319.61 | \$389.22 | \$451.73 | \$1,063.72 |
| Family | \$144.94 | \$193.96 | \$252.40 | \$317.94 | \$385.94 | \$470.01 | \$545.47 | \$1,204.44 |
| IU HEALTH HDHP | | | | | | | | |
| Employee Only | \$38.11 | \$51.09 | \$66.81 | \$84.29 | \$102.45 | \$124.83 | \$144.95 | \$339.87 |
| Employee + Child(ren) | \$68.61 | \$91.98 | \$120.29 | \$151.72 | \$184.39 | \$224.68 | \$260.91 | \$650.26 |
| Employee + Spouse | \$101.00 | \$135.41 | \$177.08 | \$223.37 | \$271.47 | \$330.79 | \$384.12 | \$905.23 |
| Family | \$121.96 | \$163.51 | \$213.83 | \$269.73 | \$327.80 | \$399.43 | \$463.85 | \$1,024.97 |
| ANTHEM PPO \$500 | | | | | | | | |
| Employee Only | \$158.96 | \$192.12 | \$248.80 | \$297.09 | \$347.18 | \$399.15 | \$453.05 | \$956.03 |
| Employee + Child(ren) | \$286.12 | \$345.82 | \$447.85 | \$534.76 | \$624.91 | \$718.47 | \$815.50 | \$1,816.45 |
| Employee + Spouse | \$421.23 | \$509.13 | \$659.35 | \$787.30 | \$920.01 | \$1,057.76 | \$1,200.63 | \$2,533.47 |
| Family | \$508.66 | \$614.78 | \$796.19 | \$950.68 | \$1,110.95 | \$1,277.29 | \$1,449.79 | \$2,868.08 |

Dental Plan Monthly Premiums

| Level of Coverage | Annual Base Salary* | | | Total Monthly Premium |
|------------------------|---------------------|-------------------|---------------|-----------------------|
| | Below \$35K | \$35K to \$59,999 | \$60K & Above | |
| ANTHEM PPO HDHP | | | | |
| Employee Only | \$8.54 | \$10.72 | \$12.73 | \$40.25 |
| Employee + Child(ren) | \$15.38 | \$19.31 | \$22.90 | \$72.49 |
| Employee + Spouse | \$20.07 | \$25.21 | \$29.87 | \$94.56 |
| Family | \$29.25 | \$36.75 | \$43.55 | \$137.91 |

*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 Monthly Premiums

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 Monthly Premiums

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. 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 |
| \$40,000 | \$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.