



2017 Cost of Benefit Coverage

Medical Coverage – Pretax		
Plan Type	\$1,250 Deductible Plan	\$3,000 Deductible Plan
Coverage Level	Full & Part Time Biweekly Cost	Full & Part Time Biweekly Cost
Employee Only	\$41.49	\$21.47
Double	\$82.98	\$42.93
Family	\$124.48	\$64.40

Dental Coverage – Pretax				
	Full Time Biweekly Cost		Part Time Biweekly Cost	
Coverage Level	Basic Dental Plan Biweekly Cost	Enhanced Dental Plan Biweekly Cost	Basic Dental Plan Biweekly Cost	Enhanced Dental Plan Biweekly Cost
Employee Only	\$7.66	\$8.49	\$12.77	\$14.15
Double	\$15.02	\$17.65	\$25.03	\$29.42
Family	\$22.31	\$32.59	\$37.19	\$54.32

Vision Coverage – Pretax		
Plan Type	Basic Vision Plan	Enhanced Vision Plan
Coverage Level	Full & Part Time Biweekly Cost	Full & Part Time Biweekly Cost
Employee Only	\$3.70	\$5.52
Double	\$7.03	\$10.50
Family	\$10.33	\$15.42

Tobacco User Additional Contribution	
Coverage Level	Biweekly Cost
One Tobacco User	\$55.00
Two Tobacco Users	\$110.00
Three or More Tobacco Users	\$165.00

WORKING SPOUSE ADDITIONAL CONTRIBUTION	
COVERAGE LEVEL	BIWEEKLY RATE
Double or Family	\$150.00

Flexible Spending Accounts - Pretax

Plan Type	2017 IRS Annual Contribution Limit
Health Care FSA	\$2,550
Dependent Care FSA	\$5,000*

*Dependent Care IRS FSA Limits

If you are married and file your tax return jointly with your spouse, then you and your spouse are allowed to contribute up to the lesser of \$5,000 or the earned income of the lower-paid spouse.

If you are married and file separately, you and your spouse are each allowed to contribute up to the lesser of \$2,500 of your respective earned incomes.

A Dependent Care FSA cannot be used for medical, dental or prescription expense reimbursements for a child.

MetLife – Accident Insurance

	Low Plan Option	High Plan Option
Coverage Level	Full & Part Time Biweekly Cost	Full & Part Time Biweekly Cost
Employee Only	\$3.20	\$5.96
Employee + Spouse	\$4.97	\$9.24
Employee + Child(ren)	\$5.79	\$10.77
Family	\$7.58	\$14.35

MetLaw – Legal Insurance

Coverage Level	Full & Part Time Biweekly Cost
Employee Only	\$7.62
Double	\$7.62
Family	\$7.62

Employee Optional Term Life Insurance Rates *	
YOUR AGE AT MONTH OF COVERAGE	BIWEEKLY RATE PER \$1,000 OF COVERAGE
Under 30	\$0.0138
30 - 34	\$0.0175
35 - 39	\$0.0245
40 - 44	\$0.0282
45 - 49	\$0.0420
50 - 54	\$0.0734
55 - 59	\$0.1223
60 - 64	\$0.1712
65 - 69	\$0.3392
70 & Over	\$0.3392

*Actual calculated premium deduction may differ slightly due to rounding.

- ✓ New Hire employees electing coverage of 4 or 5 times annual base pay, or \$500,000 or more in coverage are required to complete an Evidence of Insurability (EOI) questionnaire which will be subject to approval by underwriting.
- ✓ Employees requesting a mid-year change in status event or an annual enrollment election or increase in coverage are required to complete an Evidence of Insurability (EOI) questionnaire which will be subject to approval by underwriting.

Note: Any request for additional coverage is contingent upon underwriting review and approval.

Calculating the Cost of Optional Term Life Insurance

Employee may elect 1,2,3,4 or 5 times annual base pay with a maximum amount of \$1,500,000.

Step 1: Calculate the Total Coverage Elected

$$\begin{array}{l}
 \$ \boxed{} \times \boxed{1, 2, 3, 4, \text{ or } 5 \text{ times}} = \$ \boxed{} * \\
 \text{Annual Base Salary} \qquad \qquad \qquad \text{Multiply Annual Base Salary} \qquad \qquad \qquad \text{Coverage Amount*} \\
 \text{(skip this box if Part Time)} \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \text{If part time, enter 5,000; 10,000;} \\
 \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \text{15,000; 20,000; 25,000 or 50,000}
 \end{array}$$

*Round Total Coverage Elected UP to the next \$1,000 (example: \$20,123 becomes \$21,000)

Step 2: Calculate your Biweekly Cost

$$\begin{array}{l}
 \$ \boxed{} / 1,000 = \$ \boxed{} \times \$ \boxed{} = \$ \boxed{} \\
 \text{Coverage Amount} \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \text{Biweekly Rate by Age} \qquad \qquad \qquad \text{Biweekly Premium Cost} \\
 \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \text{(refer to table above)}
 \end{array}$$

Spouse Term Life Insurance Rates*

SPOUSE AGE AT MONTH OF COVERAGE	BIWEEKLY RATE PER \$1,000 OF COVERAGE
Under 30	\$0.0286
30 - 34	\$0.0383
35 - 39	\$0.0429
40 - 44	\$0.0480
45 - 49	\$0.0720
50 - 54	\$0.1103
55 - 59	\$0.2058
60 - 64	\$0.3162
65 - 69	\$0.6083
70 & Over	\$0.9868

*Actual calculated premium deduction may differ slightly due to rounding.

- ✓ **New Hire employees may purchase Spouse Term Life Insurance for \$10,000, \$20,000, \$30,000*, \$40,000*, or \$50,000***
**Elections of \$30,000, \$40,000, or \$50,000 require completion of an Evidence of Insurability (EOI) questionnaire by the Spouse, which will be subject to approval by underwriting.*
- ✓ **A mid-year change in status event or Annual Enrollment election in any coverage amount, or any other increase in coverage requires completion of an Evidence of Insurability (EOI) questionnaire by the Spouse, which will be subject to approval by underwriting.**
- ✓ **Employees are not required to purchase Optional Life Insurance for themselves in order to purchase Optional Spouse Life Insurance**
- ✓ **Any request for additional coverage is contingent upon underwriting review and approval.**

Calculating the Cost of Spouse Optional Term Life Insurance

Employee may elect \$10,000; \$20,000, \$30,000, \$40,000, or \$50,000.

Calculate your Biweekly Cost

$$\begin{array}{ccccccc}
 \$ \boxed{} & / 1,000 = & \$ \boxed{} & \times & \$ \boxed{} & = & \$ \boxed{} \\
 \text{Coverage Amount} & & & & \text{Rate by Age} & & \text{Biweekly Premium} \\
 & & & & \text{of Spouse} & & \text{Cost} \\
 & & & & \text{(refer to table above)} & &
 \end{array}$$

Dependent Child(ren) Term Life Insurance Rates* <small>BIWEEKLY RATE COVERS ALL ELIGIBLE DEPENDENT CHILDREN</small>	
LEVEL OF COVERAGE ELECTED	BIWEEKLY RATE
\$5,000	\$0.346
\$10,000	\$0.688
\$15,000	\$1.034

*Actual calculated premium deduction may differ slightly due to rounding.

- ✓ The biweekly rates shown are for the full level of coverage amount elected
e.g., \$5,000 in coverage will cost \$0.346 per biweekly pay period.
- ✓ Evidence of Insurability (EOI) is NOT required for child life insurance

Accidental Death & Dismemberment Insurance (AD&D) Rates*		
AMOUNT OF COVERAGE	BIWEEKLY RATES	
	EMPLOYEE ONLY	FAMILY COVERAGE (INCLUDES EMPLOYEE)
\$50,000	\$0.39	\$0.63
\$100,000	\$0.78	\$1.25
\$150,000	\$1.17	\$1.88
\$200,000	\$1.56	\$2.50
\$250,000	\$1.95	\$3.13
\$300,000	\$2.34	\$3.75
\$350,000	\$2.73	\$4.38
\$400,000	\$3.12	\$5.00
\$450,000	\$3.51	\$5.63
\$500,000	\$3.90	\$6.25

*Actual calculated premium deduction may differ slightly due to rounding.

- ✓ Evidence of Insurability (EOI) is NOT required for AD&D Insurance Coverage

Working Spouse Additional Contribution

Applies to employees who choose to cover a spouse under the UC Health medical plan when the spouse has medical insurance coverage available through his/her employer but chooses not to enroll in that coverage.

Tobacco User Additional Contribution

Applies to employees, their spouse and children who use tobacco products and are covered under the UC Health medical plan.

The tobacco additional contribution is capped at \$165.00 per bi-weekly pay if three or more covered family members use tobacco products.

Dependent Verification Documentation

UC Health requires that employees provide documents to validate all dependents enrolling in any UC Health benefits (also applies if the employee removes a dependent from the plan and then re-enrolls the dependent at a future date).

This requirement is part of an important initiative to ensure legal compliance and good governance, and is intended to aid in our continuing efforts to control healthcare costs.

Questions?

**Contact: Benefits@UCHealth.com
(513) 585 – 6060**

Benefit Specialists are available M – F, 8am – 5pm

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