

2020 Medical & Dental Plan Costs

Medical Plans		
UnitedHealthcare Signature Value Advantage Plan		
Active Employees, Scholars, Graduate Interns, LTD – includes VSP Vision at no cost	Per Pay Period	Per Month
Individual	\$30.00	\$65.00
Individual +1	\$60.00	\$130.00
Individual + Family	\$90.00	\$195.00
Retirees - through age 64	Per Pay Period	Per Month
Individual	n/a	\$112.08
Individual +1	n/a	\$230.40
Individual + Family	n/a	\$328.62
UnitedHealthcare Signature Value Plan		
Active Employees – includes VSP Vision at no cost	Per Pay Period	Per Month
Individual	\$85.00	\$184.17
Individual +1	\$268.00	\$580.67
Individual + Family	\$380.00	\$823.33
Retirees - through age 64	Per Pay Period	Per Month
Individual	n/a	\$244.75
Individual +1	n/a	\$704.41
Individual + Family	n/a	\$1,004.76
Aetna High Deductible Plan		
Active Employees – includes VSP Vision at no cost	Per Pay Period	Per Month
Individual	\$97.00	\$210.17
Individual +1	\$275.00	\$595.83
Individual + Family	\$340.00	\$736.67
Retirees - through age 64	Per Pay Period	Per Month
Individual	n/a	\$263.35
Individual +1	n/a	\$700.00
Individual + Family	n/a	\$850.00
MetLife Dental Plan		
Active Employees, Scholars, Graduate Interns & LTD	Per Pay Period	Per Month
Individual	\$5.26	\$11.39
Individual +1	\$16.16	\$35.02
Individual + Family	\$28.09	\$60.87
VSP Vision Plan (not enrolled in a medical plan)		
Active Employees, Scholars, Graduate Interns	Per Pay Period	Per Month
Individual	\$6.65	\$14.40
Individual +1	\$9.63	\$20.87
Individual + Family	\$17.14	\$37.14

In most cases, the required contributions are made through pre-tax payroll deductions. However, the portion of the premium attributed to coverage for a domestic partner is deducted on a post-tax basis for Federal taxes.