

## FY23 BENEFIT PREMIUMS

MEDICAL				
OAP HSA (HDHP)	Wellness Compliance	Employee Annual Premium	Admin & Faculty Paycheck Premium	Staff Paycheck Premium
Employee Only	Wellness	\$1,096.32	\$45.68	\$42.17
Employee + Spouse	Wellness	\$4,342.32	\$180.93	\$167.01
Employee + Child	Wellness	\$2,817.96	\$117.42	\$108.38
Employee + Children	Wellness	\$4,070.04	\$169.59	\$156.54
Family	Wellness	\$6,534.12	\$272.26	\$251.31
Employee Only	No Wellness	\$2,022.84	\$84.29	\$77.80
Employee + Spouse	No Wellness	\$6,195.36	\$258.14	\$238.28
Employee + Child	No Wellness	\$3,744.48	\$156.02	\$144.02
Employee + Children	No Wellness	\$4,996.56	\$208.19	\$192.18
Family	No Wellness	\$8,387.16	\$349.47	\$322.58

OAP-IN (HMO)	Wellness Compliance	Employee Annual Premium	Admin & Faculty Paycheck Premium	Staff Paycheck Premium
Employee Only	Wellness	\$1,776.48	\$74.02	\$68.33
Employee + Spouse	Wellness	\$6,844.44	\$285.19	\$263.25
Employee + Child	Wellness	\$4,161.96	\$173.42	\$160.08
Employee + Children	Wellness	\$5,483.04	\$228.46	\$210.89
Family	Wellness	\$9,157.20	\$381.55	\$352.20
Employee Only	No Wellness	\$2,703.00	\$112.63	\$103.96
Employee + Spouse	No Wellness	\$8,697.48	\$362.40	\$334.52
Employee + Child	No Wellness	\$5,088.48	\$212.02	\$195.71
Employee + Children	No Wellness	\$6,409.56	\$267.07	\$246.52
Family	No Wellness	\$11,010.24	\$458.76	\$423.47

OAP (PPO)	Wellness Compliance	Employee Annual Premium	Admin & Faculty Paycheck Premium	Staff Paycheck Premium
Employee Only	Wellness	\$2,168.40	\$90.35	\$83.40
Employee + Spouse	Wellness	\$7,583.16	\$315.97	\$291.66
Employee + Child	Wellness	\$4,598.28	\$191.60	\$176.86
Employee + Children	Wellness	\$6,574.92	\$273.96	\$252.88
Family	Wellness	\$11,184.12	\$466.01	\$430.16
Employee Only	No Wellness	\$3,094.92	\$128.96	\$119.04
Employee + Spouse	No Wellness	\$9,436.20	\$393.18	\$362.93
Employee + Child	No Wellness	\$5,524.80	\$230.20	\$212.49
Employee + Children	No Wellness	\$7,501.44	\$312.56	\$288.52
Family	No Wellness	\$13,037.16	\$543.22	\$501.43

<b>DENTAL</b>			
<b>MetLife Dental PPO</b>	<b>Employee Annual Premium</b>	<b>Admin &amp; Faculty Paycheck Premium</b>	<b>Staff Paycheck Premium</b>
Employee Only	\$385.20	\$16.05	\$14.82
Two Party	\$771.84	\$32.16	\$29.69
Family	\$1,341.96	\$55.92	\$51.61

<b>MetLife Dental Co-Pay</b>	<b>Employee Annual Premium</b>	<b>Admin &amp; Faculty Paycheck Premium</b>	<b>Staff Paycheck Premium</b>
Employee Only	\$250.20	\$10.43	\$9.62
Two Party	\$525.12	\$21.88	\$20.20
Family	\$943.32	\$39.31	\$36.28

<b>VISION</b>			
<b>VSP Vision Buy Up</b>	<b>Employee Annual Premium</b>	<b>Admin &amp; Faculty Paycheck Premium</b>	<b>Staff Paycheck Premium</b>
Employee Only	\$135.48	\$5.65	\$5.21
Two Party	\$200.64	\$8.36	\$7.72
Family	\$370.44	\$15.44	\$14.25

<b>SUPPLEMENTAL LIFE INSURANCE</b>				
<b>Benefit Amount</b>	<b>Age</b>	<b>Employee Annual Premium</b>	<b>Admin &amp; Faculty Paycheck Premium</b>	<b>Staff Paycheck Premium</b>
\$25,000	0 - 29	\$13.80	\$0.58	\$0.53
\$25,000	30 - 34	\$20.10	\$0.84	\$0.77
\$25,000	35 - 39	\$27.00	\$1.13	\$1.04
\$25,000	40 - 44	\$29.40	\$1.23	\$1.13
\$25,000	45 - 49	\$45.00	\$1.88	\$1.73
\$25,000	50 - 54	\$68.40	\$2.85	\$2.63
\$25,000	55 - 59	\$129.00	\$5.38	\$4.96
\$25,000	60 - 64	\$198.00	\$8.25	\$7.62
\$25,000	65 - 69	\$365.10	\$15.21	\$14.04
\$25,000	70 - 74	\$589.50	\$24.56	\$22.67
\$25,000	75 - 79	\$589.50	\$24.56	\$22.67
\$25,000	80 +	\$589.50	\$24.56	\$22.67

**SUPPLEMENTAL LIFE INSURANCE Continued**

<b>Benefit Amount</b>	<b>Age</b>	<b>Employee Annual Premium</b>	<b>Admin &amp; Faculty Paycheck Premium</b>	<b>Staff Paycheck Premium</b>
\$50,000	0 - 29	\$27.60	\$1.15	\$1.06
\$50,000	30 - 34	\$40.20	\$1.68	\$1.55
\$50,000	35 - 39	\$54.00	\$2.25	\$2.08
\$50,000	40 - 44	\$58.80	\$2.45	\$2.26
\$50,000	45 - 49	\$90.00	\$3.75	\$3.46
\$50,000	50 - 54	\$136.80	\$5.70	\$5.26
\$50,000	55 - 59	\$258.00	\$10.75	\$9.92
\$50,000	60 - 64	\$396.00	\$16.50	\$15.23
\$50,000	65 - 69	\$730.20	\$30.43	\$28.08
\$50,000	70 - 74	\$1,179.00	\$49.13	\$45.35
\$50,000	75 - 79	\$1,179.00	\$49.13	\$45.35
\$50,000	80 +	\$1,179.00	\$49.13	\$45.35

<b>Benefit Amount</b>	<b>Age</b>	<b>Employee Annual Premium</b>	<b>Admin &amp; Faculty Paycheck Premium</b>	<b>Staff Paycheck Premium</b>
\$100,000	0 - 29	\$55.20	\$2.30	\$2.12
\$100,000	30 - 34	\$80.40	\$3.35	\$3.09
\$100,000	35 - 39	\$108.00	\$4.50	\$4.15
\$100,000	40 - 44	\$117.60	\$4.90	\$4.52
\$100,000	45 - 49	\$180.00	\$7.50	\$6.92
\$100,000	50 - 54	\$273.60	\$11.40	\$10.52
\$100,000	55 - 59	\$516.00	\$21.50	\$19.85
\$100,000	60 - 64	\$792.00	\$33.00	\$30.46
\$100,000	65 - 69	\$1,460.40	\$60.85	\$56.17
\$100,000	70 - 74	\$2,358.00	\$98.25	\$90.69
\$100,000	75 - 79	\$2,358.00	\$98.25	\$90.69
\$100,000	80 +	\$2,358.00	\$98.25	\$90.69

<b>Benefit Amount</b>	<b>Age</b>	<b>Employee Annual Premium</b>	<b>Admin &amp; Faculty Paycheck Premium</b>	<b>Staff Paycheck Premium</b>
\$150,000	0 - 29	\$82.80	\$3.45	\$3.18
\$150,000	30 - 34	\$120.60	\$5.03	\$4.64
\$150,000	35 - 39	\$162.00	\$6.75	\$6.23
\$150,000	40 - 44	\$176.40	\$7.35	\$6.78
\$150,000	45 - 49	\$270.00	\$11.25	\$10.38
\$150,000	50 - 54	\$410.40	\$17.10	\$15.78
\$150,000	55 - 59	\$774.00	\$32.25	\$29.77
\$150,000	60 - 64	\$1,188.00	\$49.50	\$45.69

SUPPLEMENTAL LIFE INSURANCE Continued				
Benefit Amount	Age	Employee Annual Premium	Admin & Faculty Paycheck Premium	Staff Paycheck Premium
\$150,000	65 - 69	\$2,190.60	\$91.28	\$84.25
\$150,000	70 - 74	\$3,537.00	\$147.38	\$136.04
\$150,000	75 - 79	\$3,537.00	\$147.38	\$136.04
\$150,000	80 +	\$3,537.00	\$147.38	\$136.04

DEPENDENT LIFE INSURANCE			
DEPENDENT LIFE	Employee Annual Premium	Admin & Faculty Paycheck Premium	Staff Paycheck Premium
	\$27.96	\$1.17	\$1.08

LONG-TERM DISABILITY BUY-UP				
	Base Wage	Divide by	Multiply by	Annual Cost
Use this calculation if you <b><u>ARE</u></b> receiving Loyola's Retirement Plan Contribution	\$	100	0.202	
Use this calculation if you are <b><u>NOT</u></b> receiving Loyola's Retirement Plan Contribution	\$	100	0.163	