

**Current Monthly Cost Tables**

<b>Effective Date</b>	Beginning January 1, 2021
<b>Eligibility</b>	All active full-time Salaried Academic, Unclassified and Classified Employees working at 75% full-time employment or greater per pay period (average 30 hours per week), with an appointment of more than 120 days or one regular academic semester

**Monthly Rate Per \$1,000 of Coverage**

Employee and Spouse	
Age Range	
Under 25	\$0.330
25 - 29	\$0.520
30 - 34	\$0.600
35 - 39	\$0.750
40 - 44	\$1.000
45 - 49	\$1.500

Employee and Spouse	
Age Range	
50 - 54	\$1.950
55 - 59	\$2.750
60 - 64	\$3.820
65 - 69	\$5.460
70 - 74	\$7.940
75 +	\$10.270

Child
\$0.150

The costs shown on these tables are based on the employee and spouse ages using the same Age Range; **the tables do not reflect the costs when employee and spouse ages are indifferent Age Ranges.** Costs shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here. *Please consult your human resources/benefits department for additional cost information.*

**Employee Monthly Cost**

Age Range	Option 1: EE \$10,000 / SP \$5,000/ CH \$2,500			
	Employee Only	Employee+Spouse	Employee+Child(ren)	Employee+Spouse+Child(ren)
Under 25	\$3.30	\$4.95	\$3.68	\$5.33
25 - 29	\$5.20	\$7.80	\$5.58	\$8.18
30 - 34	\$6.00	\$9.00	\$6.38	\$9.38
35 - 39	\$7.50	\$11.25	\$7.88	\$11.63
40 - 44	\$10.00	\$15.00	\$10.38	\$15.38
45 - 49	\$15.00	\$22.50	\$15.38	\$22.88
50 - 54	\$19.50	\$29.25	\$19.88	\$29.63
55 - 59	\$27.50	\$41.25	\$27.88	\$41.63
60 - 64	\$38.20	\$57.30	\$38.58	\$57.68
65 - 69	\$54.60	\$81.90	\$54.98	\$82.28
70 - 74	\$79.40	\$119.10	\$79.78	\$119.48
75 +	\$102.70	\$154.05	\$103.08	\$154.43

Age Range	Option 2: EE \$20,000 / SP \$10,000 / CH \$5,000			
	Employee Only	Employee+Spouse	Employee+Child(ren)	Employee+Spouse+Child(ren)
Under 25	\$6.60	\$9.90	\$7.35	\$10.65
25 - 29	\$10.40	\$15.60	\$11.15	\$16.35
30 - 34	\$12.00	\$18.00	\$12.75	\$18.75
35 - 39	\$15.00	\$22.50	\$15.75	\$23.25
40 - 44	\$20.00	\$30.00	\$20.75	\$30.75
45 - 49	\$30.00	\$45.00	\$30.75	\$45.75
50 - 54	\$39.00	\$58.50	\$39.75	\$59.25
55 - 59	\$55.00	\$82.50	\$55.75	\$83.25
60 - 64	\$76.40	\$114.60	\$77.15	\$115.35
65 - 69	\$109.20	\$163.80	\$109.95	\$164.55
70 - 74	\$158.80	\$238.20	\$159.55	\$238.95
75 +	\$205.40	\$308.10	\$206.15	\$308.85

Age Range	Option 3: EE \$30,000 / SP \$15,000 / CH \$7,500			
	Employee Only	Employee+Spouse	Employee+Child(ren)	Employee+Spouse+Child(ren)
Under 25	\$9.90	\$14.85	\$11.03	\$15.98
25 - 29	\$15.60	\$23.40	\$16.73	\$24.53
30 - 34	\$18.00	\$27.00	\$19.13	\$28.13
35 - 39	\$22.50	\$33.75	\$23.63	\$34.88
40 - 44	\$30.00	\$45.00	\$31.13	\$46.13
45 - 49	\$45.00	\$67.50	\$46.13	\$68.63
50 - 54	\$58.50	\$87.75	\$59.63	\$88.88
55 - 59	\$82.50	\$123.75	\$83.63	\$124.88
60 - 64	\$114.60	\$171.90	\$115.73	\$173.03
65 - 69	\$163.80	\$245.70	\$164.93	\$246.83
70 - 74	\$238.20	\$357.30	\$239.33	\$358.43
75 +	\$308.10	\$462.15	\$309.23	\$463.28

UnitedHealthcare Critical Illness product is provided by UnitedHealthcare Insurance Company on form UHICI-POL-1. In New York, it is referred to as Specified Disease insurance and provided by Unimerica Life Insurance Company of New York UHICI-POL-1-NY. Critical Illness coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor.

**This benefit summary is an overview of your insurance. Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.**