

STETSON UNIVERSITY

2021 Insurance Premium Chart for Health, Dental, Vision and Life

Type of Coverage		Bi-weekly	9 Months	Monthly	COBRA
Cigna Open Access Plus					
Cigna OAP Performance (comparable to a HMO)	Employee Only	\$ 155.00	\$ 413.34	\$ 310.00	\$ 806.68
	Employee + Domestic Partner/Spouse	\$ 313.25	\$ 835.33	\$ 626.50	\$ 1,630.26
	Employee+Child(ren)	\$ 284.58	\$ 758.88	\$ 569.16	\$ 1,481.04
	Employee + Family	\$ 385.42	\$ 1,027.77	\$ 770.83	\$ 2,005.83
Cigna OAP Option (comparable to a PPO)	Employee Only	\$ 165.29	\$ 440.76	\$ 330.57	\$ 826.43
	Employee + Domestic Partner/Spouse	\$ 334.04	\$ 890.78	\$ 668.09	\$ 1,670.22
	Employee+Child(ren)	\$ 303.46	\$ 809.24	\$ 606.93	\$ 1,517.32
	Employee + Family	\$ 411.00	\$ 1,096.00	\$ 822.00	\$ 2,055.00
Delta Dental Insurance					
DHMO Option	Employee Only	\$ 5.09	\$ 13.57	\$ 10.18	\$ 10.18
	Employee + One	\$ 8.75	\$ 23.33	\$ 17.50	\$ 17.50
	Employee + Family	\$ 12.98	\$ 34.60	\$ 25.95	\$ 25.95
Mid - PPO Option	Employee Only	\$ 20.50	\$ 54.65	\$ 40.99	\$ 40.99
	Employee + One	\$ 39.76	\$ 106.01	\$ 79.51	\$ 79.51
	Employee + Family	\$ 64.84	\$ 172.91	\$ 129.68	\$ 129.68
PPO Option	Employee Only	\$ 27.05	\$ 72.13	\$ 54.10	\$ 54.10
	Employee + One	\$ 52.48	\$ 139.93	\$ 104.95	\$ 104.95
	Employee + Family	\$ 85.59	\$ 228.23	\$ 171.17	\$ 171.17
VSP Vision Insurance					
Vision Care Plan	Employee Only	\$ 3.66	\$ 9.76	\$ 7.32	\$ 7.32
	Employee + Family	\$ 7.87	\$ 20.97	\$ 15.73	\$ 15.73
UHC Medicare Advantage for Employee Spouses					
		40%	50%		100%
	PPO	\$ 116.70	\$ 145.87		\$ 291.74

Voluntary Group Life Calculation:		Age	Rate/1000	Age	Rate/1000
*Employee Basic Life = Annual salary rounded up to the nearest \$1,000 (Min \$20,000 Max \$250,000)		<30	\$0.05	60-64	\$0.73
		30-34	\$0.06	65-69	\$1.30
		35-39	\$0.07	70-74	\$2.09
*Employee Supplemental cannot exceed 8Xs their salary or \$350,000, which ever is lesser		40-44	\$0.10	75-79	\$3.30
		45-49	\$0.18	80-84	\$5.15
		50-54	\$0.30	85-89	\$7.86
*Spouse Supplemental cannot exceed \$100,000 or 100% of employees amount, which ever is lesser		55-59	\$0.47	90+	\$13.86
*Dependent Supplemental is \$10,000 per child at a \$1.89 per month rate, regardless of number of dependents					
Voluntary AD&D Benefits are an additional \$0.02 per \$1,000 of coverage. Coverage must match Voluntary Life coverage amount.					