FULL-TIME FACULTY AND STAFF CONTRIBUTIONS FOR 2014 HEALTH CARE & DENTAL CARE PLANS*

Effective January 1, 2014

UnitedHealthcare Medical Plans (w/Vision)

		Choice Plus 500			Choice Plus 1000		
	Salary Range	Per Bi-weekly Paycheck	Annual Employee Cost	Annual University Cost	Per Bi-weekly Paycheck	Annual Employee Cost	Annual University Cost
Employee Only	$40,000 or less	$71.26	$1,852.65	$7,153.72	$45.17	$1,174.52	$7,746.99
	$40,001 to $79,999	$82.66	$2,149.07	$6,857.29	$59.29	$1,541.56	$7,379.95
	$80,000 to $119,999	$94.06	$2,445.50	$6,560.87	$73.41	$1,908.60	$7,012.91
	$120,000 to $159,999	$105.46	$2,741.92	$6,264.44	$84.70	$2,202.23	$6,719.28
	$160,000 or more	$116.86	$3,038.35	$5,968.02	$93.17	$2,422.45	$6,499.06
Employee Plus Dependents	$40,000 or less	$190.32	$4,948.23	$19,106.89	$120.66	$3,137.03	$20,691.44
	$40,001 to $79,999	$220.77	$5,739.95	$18,315.17	$158.36	$4,117.35	$19,711.12
	$80,000 to $119,999	$251.22	$6,531.66	$17,523.46	$196.06	$5,097.67	$18,730.80
	$120,000 to $159,999	$281.67	$7,323.38	$16,731.74	$226.23	$5,881.93	$17,946.54
	$160,000 or more	$312.12	$8,115.10	$15,940.02	$248.85	$6,470.13	$17,358.35

		Choice EPO			High Deductible Health Plan with HSA			
	Salary Range	Per Bi-weekly Paycheck	Annual Employee Cost	Annual University Cost	Per Bi-weekly Paycheck	Annual Employer Contribution to HSA	Annual Employee Cost	Annual University Cost
Employee Only	$40,000 or less	$15.19	$394.82	$7,602.53	$12.11	$750.00	$314.89	$6,063.42
	$40,001 to $79,999	$30.37	$789.64	$7,207.71	$24.22	$750.00	$629.78	$5,748.53
	$80,000 to $119,999	$43.03	$1,118.65	$6,878.69	$34.32	$750.00	$892.19	$5,486.12
	$120,000 to $159,999	$55.68	$1,447.67	$6,549.68	$44.41	$750.00	$1,154.60	$5,223.71
	$160,000 or more	$63.27	$1,645.08	$6,352.27	$50.46	$750.00	$1,312.05	$5,066.26
Employee Plus Dependents	$40,000 or less	$81.12	$2,109.05	$19,250.88	$75.48	$1,500.00	$1,962.44	$15,414.17
	$40,001 to $79,999	$108.16	$2,812.07	$18,547.87	$86.26	$1,500.00	$2,242.79	$15,133.83
	$80,000 to $119,999	$114.92	$2,987.82	$18,372.11	$91.65	$1,500.00	$2,382.96	$14,993.65
	$120,000 to $159,999	$148.72	$3,866.60	$17,493.34	$118.61	$1,500.00	$3,083.84	$14,292.78
	$160,000 or more	$168.99	$4,393.86	$16,966.08	$134.78	$1,500.00	$3,504.36	$13,872.26

* Contributions taken on behalf of a same- or opposite-sex domestic partner's coverage will be taken from your paycheck on an after-tax basis. Information on the imputed income applicable to domestic partner coverage can be found at http://www.newschool.edu/hr/benefits/costs-dependents/

Delta Dental Care Plans

		PPO Plus Premier		DeltaCare **DHMO** Plan	
	Salary Range	Per Bi-weekly Paycheck	Annual Employee Cost	Per Bi-weekly Paycheck	Annual Employee Cost
Employee Only	$35,000 or less	$1.15	$29.90	$0.00	$0.00
	$35,001 to $69,999	$1.73	$44.98	$0.00	$0.00
	$70,000 or more	$2.30	$59.80	$0.00	$0.00
Employee Plus Dependents	$35,000 or less	$25.54	$664.04	$6.88	$178.88
	$35,001 to $69,999	$26.12	$679.12	$6.88	$178.88
	$70,000 or more	$26.69	$693.94	$6.88	$178.88

10/2013