FULL-TIME FACULTY AND STAFF CONTRIBUTIONS FOR 2013 HEALTH CARE & DENTAL CARE PLANS*

Effective January 1, 2013

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	$5,891.43	$45.17	$1,174.52	$6,496.60
	$40,001 to $79,999	$82.66	$2,149.07	$5,595.01	$59.29	$1,541.56	$ 6,129.56
	$80,000 to $119,999	$94.06	$2,445.50	$5,298.58	$73.41	$1,908.60	$5,762.52
	$120,000 to $159,999	$105.46	$2,741.92	$5,002.16	$84.70	$2,202.23	$5,468.89
	$160,000 or more	$116.86	$3,038.35	$4,705.73	$93.17	$2,422.45	$5,248.67
Employee Plus Dependents	$40,000 or less	$190.32	$4,948.23	$15,735.45	$120.66	$3,137.03	$17,351.77
	$40,001 to $79,999	$220.77	$5,739.95	$14,943.72	$158.36	$4,117.35	$16,371.45
	$80,000 to $119,999	$251.22	$6,531.66	$14,152.03	$196.06	$5,097.67	$15,391.13
	$120,000 to $159,999	$281.67	$7,323.38	$13,360.30	$226.23	$5,881.93	$14,606.87
	$160,000 or more	$312.12	$8,115.10	$12,568.58	$248.85	$6,470.13	$14,018.67

		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	$6,481.66	$12.11	$750.00	$314.89	$5,169.47
	$40,001 to $79,999	$30.37	$789.64	$6,086.84	$24.22	$750.00	$629.78	$4,854.58
	$80,000 to $119,999	$43.03	$1,118.65	$5,757.83	$34.32	$750.00	$892.19	$4,592.17
	$120,000 to $159,999	$55.68	$1,447.67	$5,428.81	$44.41	$750.00	$1,154.60	$4,329.76
	$160,000 or more	$63.27	$1,645.08	$5,231.40	$50.46	$750.00	$1,312.05	$4,172.31
Employee Plus Dependents	$40,000 or less	$81.12	$2,109.05	$16,257.19	$75.48	$1,500.00	$1,962.44	$12,978.76
	$40,001 to $79,999	$108.16	$2,812.07	$15,554.17	$86.26	$1,500.00	$2,242.79	$12,698.41
	$80,000 to $119,999	$114.92	$2,987.82	$15,378.42	$91.65	$1,500.00	$2,382.96	$12,558.24
	$120,000 to $159,999	$148.72	$3,866.60	$14,499.64	$118.61	$1,500.00	$3,083.84	$11,857.36
	$160,000 or more	$168.99	$4,393.86	$13,972.38	$134.78	$1,500.00	$3,504.36	$11,436.84

10/2012

* 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 same-sex spouse or domestic partner coverage can be found at www.newschool.edu/hr/openenrollment.

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

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