Insurance Impact Scenarios

Faculty Phased Retirement Program: Scenarios for Insurance Stipend

AETNA OAP

Scenario 1A

Salary Band $125,001+

FTE	Full Time Employee Premium	Insurance Stipend	Total Employee Premium
1.0	$294.00	N/A	$294.00
.75	$294.00	$276.93	$570.93
.67	$294.00	$365.55	$659.55
.50	$294.00	$553.86	$847.86

Scenario 1B: Employee + 1 Dependent

Salary Band $125,001+

FTE	Full Time Employee Premium	Insurance Stipend	Total Employee Premium
1.0	$490.00	N/A	$490.00
.75	$490.00	$519.73	$1,009.73
.67	$490.00	$686.04	$1,176.04
.50	$490.00	$1,039.45	$1,529.45

Scenario 1C: Employee + 2 or More Dependents

Salary Band $125,001+

FTE	Full Time Employee Premium	Insurance Stipend	Total Employee Premium
1.0	$535.00	N/A	$535.00
.75	$535.00	$701.29	$1,236.29
.67	$535.00	$925.70	$1,460.70
.50	$535.00	$1,402.57	$1,937.57

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Scenario 2A: Employee-only

Salary Band $75,901-$100,000

FTE	Full Time Employee Premium	Insurance Stipend	Total Employee Premium
1.0	$207.00	N/A	$207.00
.75	$207.00	$298.68	$505.68
.67	$207.00	$394.26	$601.26
.50	$207.00	$597.36	$804.36

Scenario 2B: Employee + Dependent

Salary Band $75,901-$100,000

FTE	Full Time Employee Premium	Insurance Stipend	Total Employee Premium
1.0	$403.00	N/A	$403.00
.75	$403.00	$541.48	$944.48
.67	$403.00	$714.75	$1,117.75
.50	$403.00	$1082.95	$1,485.95

Scenario 2C: Employee +2 or More Dependents

Salary Band $75,901-$100,000

FTE	Full Time Employee Premium	Insurance Stipend	Total Employee Premium
1.0	$448.00	N/A	$448.00
.75	$448.00	$723.04	$1,171.04
.67	$448.00	$954.41	$1,402.41
.50	$448.00	$1,446.07	$1,894.07

Quality Care Health Plan

Scenario 1A: Employee-only

Salary Band $125,001+

FTE	Full Time Employee Premium	Insurance Stipend	Total Employee Premium

1.0	$314.00	N/A	$314.00
.75	$314.00	$260.00	$574.00
.67	$314.00	$343.20	$657.20
.50	$314.00	$520.00	$834.00

Scenario 1B: Employee + 1 Dependent

Salary Band $125,001+

FTE	Full Time Employee Premium	Insurance Stipend	Total Employee Premium
1.0	$615.00	N/A	$615.00
.75	$615.00	$587.03	$1,202.03
.67	$615.00	$774.87	$1,389.87
.50	$615.00	$1,174.05	$1,789.05

Scenario 1C: Employee + 2 or More Dependents

Salary Band $125,001+

FTE	Full Time Employee Premium	Insurance Stipend	Total Employee Premium
1.0	$653.00	N/A	$653.00
.75	$653.00	$691.34	$1,344.34
.67	$653.00	$912.56	$1,565.56
.50	$653.00	$1,382.67	$2,035.67

Quality Care Health Plan

Scenario 2A: Employee-only

Salary Band $75,901 - $100,000

FTE	Full Time Employee Premium	Insurance Stipend	Total Employee Premium
1.0	$227.00	N/A	$227.00
.75	$227.00	$281.75	$508.75
.67	$227.00	$371.91	$598.91
.50	$227.00	$563.50	$790.50

Scenario 2B: Employee + 1 Dependent

Salary Band $75,901 - $100,000

FTE	Full Time Employee Premium	Insurance Stipend	Total Employee Premium
1.0	$528.00	N/A	$552.35
.75	$528.00	$608.78	$1,136.78
.67	$528.00	$803.58	$1,331.58
.50	$528.00	$1,217.55	$1,745.55

Scenario 2C: Employee + 2 or More Dependents

Salary Band $75,901 - $100,000

FTE	Full Time Employee Premium	Insurance Stipend	Total Employee Premium
1.0	$566.00	N/A	$566.00
.75	$566.00	$713.09	$1,279.09
.67	$566.00	$941.27	$1,507.27
.50	$566.00	$1,426.17	$1,992.17

Quality Care Dental (Delta Dental)

Employee-only

FTE	Full Time Employee Premium	Insurance Stipend	Total Employee Premium
1.0	$16.00	N/A	$16.00
.75	$16.00	$4.15	$20.15
.67	$16.00	$5.47	$21.47
.50	$16.00	$8.29	$24.29

Employee + 1 Dependent

FTE	Full Time Employee Premium	Insurance Stipend	Total Employee Premium
1.0	$27.00	N/A	$27.00
.75	$27.00	$8.51	$35.51
.67	$27.00	$11.23	$38.23
.50	$27.00	$17.01	$44.01

Employee + 2 or More Dependents

FTE	Full Time Employee Premium	Insurance Stipend	Total Employee Premium
1.0	$29.50	N/A	$29.50
.75	$29.50	$19.36	$48.86
.67	$29.50	$25.56	$55.06
.50	$29.50	$38.72	$68.22

Effective July 1, 2025 - June 30, 2026.