

Brandeis University

Medical Insurance Rates

Non - Exempt Staff

Effective January 1, 2025

* 48 weekly payroll deductions will be taken during the calendar year

Plan	Plan Type	Coverage Level	Employee Contribution Weekly*	Employee Contribution Monthly	University Contribution Monthly	Total Monthly Premium	Employee Monthly %	University Monthly %
HEALTH	Harvard Pilgrim Best Buy HDHP / HSA HMO	Employee Only	\$30.33	\$121.33	\$797.52	\$918.84	13%	87%
		Employee + Spouse	\$83.92	\$335.69	\$1,639.80	\$1,975.49	17%	83%
		Employee + Child(ren)	\$81.42	\$325.67	\$1,420.11	\$1,745.78	19%	81%
		Family	\$99.78	\$399.14	\$2,435.55	\$2,834.69	14%	86%
	Harvard Pilgrim Best Buy HMO	Employee Only	\$41.05	\$164.19	\$816.38	\$980.57	17%	83%
		Employee + Spouse	\$104.41	\$417.63	\$1,690.60	\$2,108.23	20%	80%
		Employee + Child(ren)	\$101.93	\$407.72	\$1,455.36	\$1,863.08	22%	78%
		Family	\$120.21	\$480.84	\$2,544.33	\$3,025.17	16%	84%
	Harvard Pilgrim HMO	Employee Only	\$58.64	\$234.56	\$819.07	\$1,053.63	22%	78%
		Employee + Spouse	\$149.05	\$596.18	\$1,669.14	\$2,265.32	26%	74%
		Employee + Child(ren)	\$145.41	\$581.62	\$1,420.29	\$2,001.91	29%	71%
		Family	\$171.71	\$686.84	\$2,563.71	\$3,250.55	21%	79%
	Harvard Pilgrim PPO	Employee Only	\$125.63	\$502.51	\$895.66	\$1,398.17	36%	64%
		Employee + Spouse	\$319.01	\$1,276.03	\$1,730.04	\$3,006.07	42%	58%
		Employee + Child(ren)	\$311.67	\$1,246.68	\$1,409.85	\$2,656.53	47%	53%
		Family	\$361.12	\$1,444.46	\$2,869.05	\$4,313.51	33%	67%
	Medical - Dependent Coverage through end of month of 26th birthday under Federal Health Care Reform							

If you wish to enroll in a medical and/or dental insurance plan you **MUST** complete an enrollment form within the first 31 days of employment. After the initial eligibility period has passed, eligible staff and their eligible dependents may choose to enroll during any subsequent open enrollment period or within 31 days of a qualifying event or other permissible event occurs to the participant (subscriber) or to his or her dependent.

Open Enrollment: The opportunity to make a change or enroll for the first time in a plan without a qualifying event may be made during the open enrollment period held in November with new coverage effective January 1st.

Brandeis University

Dental & Vision Insurance Rates

Non - Exempt Staff

Effective January 1, 2025

* 48 weekly payroll deductions will be taken during the calendar year

Plan	Plan Type	Coverage Level	Employee Contribution Weekly*	Employee Contribution Monthly	University Contribution Monthly	Total Monthly Premium	Employee Monthly %	University Monthly %
DENTAL	DPPO High Delta Dental PPO Plus Premier Group # 004623-9901	Employee Only	\$3.12	\$12.46	\$37.39	\$49.85	25%	75%
		Employee + Spouse	\$6.00	\$24.00	\$72.01	\$96.01	25%	75%
		Employee + Child(ren)	\$6.38	\$25.51	\$76.53	\$102.04	25%	75%
		Family	\$10.61	\$42.42	\$127.26	\$169.68	25%	75%
	DPPO Low Delta Dental PPO Plus Premier Group # 004623-9902	Employee Only	\$2.40	\$9.59	\$28.76	\$38.35	25%	75%
		Employee + Spouse	\$4.62	\$18.47	\$55.40	\$73.87	25%	75%
		Employee + Child(ren)	\$4.91	\$19.63	\$58.88	\$78.51	25%	75%
		Family	\$8.16	\$32.64	\$97.92	\$130.56	25%	75%
	Dental - Dependent Coverage through end of month of 26th birthday under Federal Health Care Reform							

Plan	Plan Type	Coverage Level	Employee Contribution Weekly	Total Monthly Premium
VOLUNTARY VISION	VSP Group # 30078479	Employee Only	\$1.25	\$5.00
		Employee + Spouse	\$2.57	\$10.28
		Employee + Child(ren)	\$2.76	\$11.02
		Family	\$4.40	\$17.61

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