

# Brandeis University

## Medical, Dental, Vision Insurance Rates Salaried Exempt Staff, Faculty, Postdocs Effective Jan 1, 2023 - Dec 31, 2023

24 Semi-Monthly calendar year payroll deductions

Plan	*Coverage Tier	Employee		University		Total Premium Rate	Employee Monthly %	University Monthly %
		Semi-Monthly	Monthly	Semi-Monthly	Monthly			
<b>MEDICAL</b>								
Tufts PPO & PPO CIGNA Group # 48424	Single	\$229.00	\$458.00	\$378.17	\$756.33	\$1,214.33	38%	62%
	EE + S	\$691.34	\$1,382.68	\$614.07	\$1,228.13	\$2,610.81	53%	47%
	EE + C	\$674.32	\$1,348.64	\$479.30	\$958.59	\$2,307.23	58%	42%
	Family	\$797.32	\$1,594.64	\$1,075.83	\$2,151.66	\$3,746.30	43%	57%
Tufts EPO Premium Group# 17205	Single	\$106.88	\$213.76	\$350.67	\$701.33	\$915.09	23%	77%
	EE + S	\$379.78	\$759.56	\$603.95	\$1,207.90	\$1,967.46	39%	61%
	EE + C	\$371.32	\$742.64	\$498.02	\$996.04	\$1,738.68	43%	57%
	Family	\$438.74	\$877.48	\$972.83	\$1,945.66	\$2,823.14	31%	69%
Tufts EPO Value Deductible Group# 17206	Single	\$74.82	\$149.64	\$351.00	\$702.00	\$851.64	18%	82%
	EE + S	\$299.06	\$598.12	\$616.45	\$1,232.90	\$1,831.02	33%	67%
	EE + C	\$291.92	\$583.84	\$517.14	\$1,034.27	\$1,618.11	36%	64%
	Family	\$344.60	\$689.20	\$969.10	\$1,938.20	\$2,627.40	26%	74%
<b>DENTAL</b>								
Delta Dental PPO+ Premier HIGH Grp# 004623-9901	Single	\$9.97	\$19.94	\$14.96	\$29.91	\$49.85	40%	60%
	EE + S	\$19.20	\$38.40	\$28.81	\$57.61	\$96.01	40%	60%
	EE + C	\$20.41	\$40.82	\$30.61	\$61.22	\$102.04	40%	60%
	Family	\$33.94	\$67.88	\$50.90	\$101.80	\$169.68	40%	60%
Delta Dental PPO+ Premier LOW Grp# 004623-9902	Single	\$7.67	\$15.34	\$11.51	\$23.01	\$38.35	40%	60%
	EE + S	\$14.78	\$29.56	\$22.16	\$44.31	\$73.87	40%	60%
	EE + C	\$15.70	\$31.40	\$23.56	\$47.11	\$78.51	40%	60%
	Family	\$26.11	\$52.22	\$39.17	\$78.34	\$130.56	40%	60%
<b>VISION</b>								
VSP Choice Plan Grp # 30078479	Single	\$2.50	\$5.00	n/a	n/a	\$5.00	100%	0%
	EE + S	\$5.14	\$10.28	n/a	n/a	\$10.28	100%	0%
	EE + C	\$5.51	\$11.02	n/a	n/a	\$11.02	100%	0%
	Family	\$8.81	\$17.61	n/a	n/a	\$17.61	100%	0%

If you wish to enroll in a medical, dental and/or vision insurance plan you MUST submit your election in [Workday](#) 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.

\*Single = Employee only   EE + S = Employee with Spouse   EE + C = Employee with child(ren)   Family = Employee with Spouse and child(ren)