

Brandeis University

Medical, Dental, Vison Insurance Rates

Hourly Non-Exempt Staff

Effective Jan 1, 2023 - Dec 31, 2023

48 Weekly calendar year payroll deductions

Plan	Coverage Tier	Employee		University		Total Rate	Employee Monthly %	University Monthly %
		Weekly	Monthly	Weekly	Monthly			
MEDICAL								
Tufts PPO & PPO CIGNA Group# 48424	Single	\$114.50	\$458.00	\$189.08	\$756.33	\$1,214.33	38%	62%
	EE + S	\$290.75	\$1,163.00	\$361.95	\$1,447.81	\$2,610.81	45%	55%
	EE + C	\$284.06	\$1,136.24	\$292.75	\$1,170.99	\$2,307.23	49%	51%
	Family	\$335.61	\$1,342.44	\$600.97	\$2,403.86	\$3,746.30	36%	64%
Tufts Premium EPO Group # 17205	Single	\$53.44	\$213.76	\$175.33	\$701.33	\$915.09	23%	77%
	EE + S	\$135.84	\$543.36	\$356.03	\$1,424.10	\$1,967.46	28%	72%
	EE + C	\$132.52	\$530.08	\$302.15	\$1,208.60	\$1,738.68	30%	70%
	Family	\$156.50	\$626.00	\$549.29	\$2,197.14	\$2,823.14	22%	78%
Tufts Value EPO Deductible Group # 17206	Single	\$37.41	\$149.64	\$175.50	\$702.00	\$851.64	18%	82%
	EE + S	\$95.16	\$380.64	\$362.60	\$1,450.38	\$1,831.02	21%	79%
	EE + C	\$92.90	\$371.60	\$311.63	\$1,246.51	\$1,618.11	23%	77%
	Family	\$109.56	\$438.24	\$547.29	\$2,189.16	\$2,627.40	17%	83%
DENTAL								
Delta Dental PPO + Premier HIGH Grp #004623-9901	Single	\$3.12	\$12.48	\$9.34	\$37.37	\$49.85	25%	75%
	EE + S	\$6.00	\$24.00	\$18.00	\$72.01	\$96.01	25%	75%
	EE + C	\$6.38	\$25.52	\$19.13	\$76.52	\$102.04	25%	75%
	Family	\$10.61	\$42.44	\$31.81	\$127.24	\$169.68	25%	75%
Delta Dental PPO + Premier LOW Grp# 004623-9902	Single	\$2.40	\$9.60	\$7.19	\$28.75	\$38.35	25%	75%
	EE + S	\$4.62	\$18.48	\$13.85	\$55.39	\$73.87	25%	75%
	EE + C	\$4.91	\$19.64	\$14.72	\$58.87	\$78.51	25%	75%
	family	\$8.16	\$32.64	\$24.48	\$97.92	\$130.56	25%	75%
VOLUNTARY VISION								
VSP Choice Plan Grp # 30078479	Single	\$1.25	\$5.00	N/A	N/A	\$5.00	100%	0%
	EE + S	\$2.57	\$10.28	N/A	N/A	\$10.28	100%	0%
	EE + C	\$2.76	\$11.02	N/A	N/A	\$11.02	100%	0%
	Family	\$4.40	\$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)