

# 2021 Medical & Dental Plan Costs

Medical Plans		
<b>UnitedHealthcare Signature Value Advantage Plan</b>		
<b>Active Employees, Scholars, Graduate Interns, LTD – includes VSP Vision at no cost</b>	<b>Per Pay Period</b>	<b>Per Month</b>
Individual	\$30.00	\$65.00
Individual +1	\$60.00	\$130.00
Individual + Family	\$90.00	\$195.00
<b>Retirees - through age 64</b>	<b>Per Pay Period</b>	<b>Per Month</b>
Individual	n/a	\$112.08
Individual +1	n/a	\$230.40
Individual + Family	n/a	\$328.62
<b>UnitedHealthcare Signature Value Plan</b>		
<b>Active Employees – includes VSP Vision at no cost</b>	<b>Per Pay Period</b>	<b>Per Month</b>
Individual	\$85.00	\$184.17
Individual +1	\$268.00	\$580.67
Individual + Family	\$380.00	\$823.33
<b>Retirees - through age 64</b>	<b>Per Pay Period</b>	<b>Per Month</b>
Individual	n/a	\$244.75
Individual +1	n/a	\$704.41
Individual + Family	n/a	\$1,004.76
<b>Aetna High Deductible Plan</b>		
<b>Active Employees – includes VSP Vision at no cost</b>	<b>Per Pay Period</b>	<b>Per Month</b>
Individual	\$97.00	\$210.17
Individual +1	\$275.00	\$595.83
Individual + Family	\$340.00	\$736.67
<b>Retirees - through age 64</b>	<b>Per Pay Period</b>	<b>Per Month</b>
Individual	n/a	\$275.82
Individual +1	n/a	\$733.51
Individual + Family	n/a	\$890.74
<b>MetLife Dental Plan</b>		
<b>Active Employees, Scholars, Graduate Interns &amp; LTD</b>	<b>Per Pay Period</b>	<b>Per Month</b>
Individual	\$5.26	\$11.39
Individual +1	\$16.16	\$35.02
Individual + Family	\$28.09	\$60.87
<b>VSP Vision Plan (not enrolled in a medical plan)</b>		
<b>Active Employees, Scholars, Graduate Interns</b>	<b>Per Pay Period</b>	<b>Per Month</b>
Individual	\$6.65	\$14.40
Individual +1	\$9.63	\$20.87
Individual + Family	\$17.14	\$37.14

In most cases, the required contributions are made through pre-tax payroll deductions. However, the portion of the premium attributed to coverage for a domestic partner is deducted on a post-tax basis for Federal taxes.