

## Tulane University – 2018 Benefits Rates

### 2018 MEDICAL PLAN MONTHLY RATES

Level of Coverage	Monthly Employee Contributions	
	HRA Plan	POS Plan
<b>Employee Only</b>		
Less than \$35,000	\$51.37	\$110.81
\$35,000 to \$64,999	\$82.50	\$141.29
\$65,000 to \$94,999	\$148.84	\$207.71
\$95,000 & above	\$201.87	\$259.63
<b>Employee + Spouse</b>		
Less than \$35,000	\$389.42	\$498.35
\$35,000 to \$64,999	\$484.16	\$578.38
\$65,000 to \$94,999	\$564.72	\$719.90
\$95,000 & above	\$640.72	\$822.75
<b>Employee + Child(ren)</b>		
Less than \$35,000	\$298.43	\$386.19
\$35,000 to \$64,999	\$419.69	\$510.19
\$65,000 to \$94,999	\$550.16	\$705.80
\$95,000 & above	\$617.68	\$806.62
<b>Employee + Family</b>		
Less than \$35,000	\$435.74	\$655.16
\$35,000 to \$64,999	\$556.98	\$734.32
\$65,000 to \$94,999	\$700.28	\$911.20
\$95,000 & above	\$825.85	\$1,033.72

### 2018 MEDICAL PLAN BIWEEKLY RATES

To calculate the biweekly rate, find your monthly rate and multiply that amount by 12, then divide by 26.  
 For example: An employee in annual salary band of [\$35,000 to \$64,999] “Employee Only” tier on the HRA plan:  $\$78.57 \times 12 = \$942.84 / 26 = \mathbf{\$36.26}$  (estimated biweekly medical rate for this example).

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### 2018 DENTAL PLAN MONTHLY RATES

Level of Coverage	Monthly Employee Contributions	
	Low Plan	High Plan
Employee Only	\$16.85	\$22.44
Employee + Spouse	\$34.82	\$46.39
Employee + Child(ren)	\$37.23	\$49.61
Employee + Family	\$61.17	\$81.51

### 2018 VISION PLAN MONTHLY RATES

Level of Coverage	Monthly Employee Contributions
Employee Only	\$6.03
Employee + Spouse	\$11.46
Employee + Child(ren)	\$12.06
Employee + Family	\$17.73

### 2018 LIFE INSURANCE RATES

Below are the monthly rates per \$1,000 of coverage for employee and spouse Supplemental Life Insurance. The rates are based on your current age and are automatically adjusted for age band and salary increases each year.

#### Supplemental Life: For Employee and Spouse

AGE	COST
Under 35	\$0.042
35 to 39	\$0.053
40 to 44	\$0.074
45 to 49	\$0.138
50 to 54	\$0.230
55 to 59	\$0.392
60 to 64	\$0.615
65 to 69	\$1.150
70 +	\$1.888

#### Example: Supplemental Life Cost Calculation

Scenario: Employee is 32 years old, salary = \$50,000.00

Calculation: (\$50,000 divided by \$1,000 x rate \$0.042)

Your Cost: \$2.10 per month

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### Supplemental Life Child

COVERAGE	COST
\$10,000	\$1.10 each
\$20,000	\$2.20 each

### Accidental Death and Dismemberment (AD&D)

COVERAGE	COST
Employee Only	\$0.02
Family	\$0.028

### 2018 FLEXIBLE SPENDING ACCOUNTS RATES

Below are the maximum annual contributions that can be made into the Healthcare FSA and the Dependent Care FSA for 2018. **Note: You must re-enroll in FSA programs each year you choose to participate.**

HEALTHCARE FSA
\$2,600 Maximum Annual Contribution
FSA Debit Card
Grace Period after year end

DEPENDENT CARE FSA
\$5,000 Maximum Annual Contribution
Funds available as contributions are made via payroll deductions
No grace period