

2017 MEDICAL PREMIUMS FACULTY AND STAFF | COBRA

MEDICAL PLAN	PREMIUM
AETNA SELECT 1	
EMPLOYEE ONLY	\$771.69
EMPLOYEE + CHILD	\$1,164.97
EMPLOYEE + CHILDREN	\$1,260.35
EMPLOYEE + SPOUSE	\$1,605.74
EMPLOYEE + FAMILY	\$1,725.71
AETNA SELECT 2	
EMPLOYEE ONLY	\$699.12
EMPLOYEE + CHILD	\$1,054.37
EMPLOYEE + CHILDREN	\$1,140.66
EMPLOYEE + SPOUSE	\$1,448.81
EMPLOYEE + FAMILY	\$1,562.24
AETNA HEALTH REIMBURSEMENT ACCOUNT	
EMPLOYEE ONLY	\$615.67
EMPLOYEE + CHILD	\$1,093.03
EMPLOYEE + CHILDREN	\$1,175.30
EMPLOYEE + SPOUSE	\$1,508.16
EMPLOYEE + FAMILY	\$1,627.60

*NOTE: All premiums shown reflect full-time premiums for non-smokers and for those with spouses/partners who do not have access to employer-sponsored health insurance.