

UMass Post Doctoral Unit Plan Benefits

To request coverage:

1. Choose the amount of employee coverage that you want to buy.
2. Look up the premium costs for your age group for the coverage amount you are selecting on the chart below.
3. Choose the amount of coverage you want to buy for your spouse. Again, find the premium costs on the chart below. Note: Premiums are based on your age, not your spouse's.
4. Choose the amount of coverage you want to buy for your dependent children. The premium costs for each coverage option are shown below.
5. Fill in the enrollment form with the amounts of coverage you are selecting. (To request coverage over the non-medical maximum please see your Human Resources representative for a medical questionnaire that you will need to complete.) Remember, you must purchase coverage for yourself in order to purchase coverage for your spouse or children.

| Employee & Spouse Coverage | Employee Age Monthly Premium For: | | | | | | | | | | |
|----------------------------|-----------------------------------|---------|---------|---------|----------|----------|----------|----------|----------|------------|------------|
| | < 30 - | 30 - 34 | 35 - 39 | 40 - 44 | 45 - 49 | 50 - 54 | 55 - 59 | 60 - 64 | 65 - 69 | 70 - 74 | 75 + |
| \$5,000 | \$0.45 | \$0.47 | \$0.55 | \$0.79 | \$1.20 | \$1.85 | \$2.86 | \$4.24 | \$7.37 | \$11.80 | \$11.80 |
| \$10,000 | \$0.89 | \$0.93 | \$1.10 | \$1.58 | \$2.39 | \$3.70 | \$5.71 | \$8.48 | \$14.74 | \$23.59 | \$23.59 |
| \$15,000 | \$1.34 | \$1.40 | \$1.65 | \$2.37 | \$3.59 | \$5.55 | \$8.56 | \$12.72 | \$22.11 | \$35.38 | \$35.38 |
| \$20,000 | \$1.78 | \$1.86 | \$2.20 | \$3.16 | \$4.78 | \$7.40 | \$11.42 | \$16.96 | \$29.48 | \$47.18 | \$47.18 |
| \$25,000 | \$2.23 | \$2.33 | \$2.75 | \$3.95 | \$5.97 | \$9.25 | \$14.28 | \$21.20 | \$36.85 | \$58.98 | \$58.98 |
| \$30,000 | \$2.67 | \$2.79 | \$3.30 | \$4.74 | \$7.17 | \$11.10 | \$17.13 | \$25.44 | \$44.22 | \$70.77 | \$70.77 |
| \$40,000 | \$3.56 | \$3.72 | \$4.40 | \$6.32 | \$9.56 | \$14.80 | \$22.84 | \$33.92 | \$58.96 | \$94.36 | \$94.36 |
| \$50,000 | \$4.45 | \$4.65 | \$5.50 | \$7.90 | \$11.95 | \$18.50 | \$28.55 | \$42.40 | \$73.70 | \$117.95 | \$117.95 |
| \$60,000 | \$5.34 | \$5.58 | \$6.60 | \$9.48 | \$14.34 | \$22.20 | \$34.26 | \$50.88 | \$88.44 | \$141.54 | \$141.54 |
| \$70,000 | \$6.23 | \$6.51 | \$7.70 | \$11.06 | \$16.73 | \$25.90 | \$39.97 | \$59.36 | \$103.18 | \$165.13 | \$165.13 |
| \$75,000 | \$6.67 | \$6.97 | \$8.25 | \$11.85 | \$17.93 | \$27.75 | \$42.83 | \$63.60 | \$110.55 | \$176.93 | \$176.93 |
| \$100,000 | \$8.90 | \$9.30 | \$11.00 | \$15.80 | \$23.90 | \$37.00 | \$57.10 | \$84.80 | \$147.40 | \$235.90 | \$235.90 |
| \$150,000 | \$13.35 | \$13.95 | \$16.50 | \$23.70 | \$35.85 | \$55.50 | \$85.65 | \$127.20 | \$221.10 | \$353.85 | \$353.85 |
| \$200,000 | \$17.80 | \$18.60 | \$22.00 | \$31.60 | \$47.80 | \$74.00 | \$114.20 | \$169.60 | \$294.80 | \$471.80 | \$471.80 |
| \$250,000 | \$22.25 | \$23.25 | \$27.50 | \$39.50 | \$59.75 | \$92.50 | \$142.75 | \$212.00 | \$368.50 | \$589.75 | \$589.75 |
| \$300,000 | \$26.70 | \$27.90 | \$33.00 | \$47.40 | \$71.70 | \$111.00 | \$171.30 | \$254.40 | \$442.20 | \$707.70 | \$707.70 |
| \$350,000 | \$31.15 | \$32.55 | \$38.50 | \$55.30 | \$83.65 | \$129.50 | \$199.85 | \$296.80 | \$515.90 | \$825.65 | \$825.65 |
| \$400,000 | \$35.60 | \$37.20 | \$44.00 | \$63.20 | \$95.60 | \$148.00 | \$228.40 | \$339.20 | \$589.60 | \$943.60 | \$943.60 |
| \$450,000 | \$40.05 | \$41.85 | \$49.50 | \$71.10 | \$107.55 | \$166.50 | \$256.95 | \$381.60 | \$663.30 | \$1,061.55 | \$1,061.55 |
| \$500,000 | \$44.50 | \$46.50 | \$55.00 | \$79.00 | \$119.50 | \$185.00 | \$285.50 | \$424.00 | \$737.00 | \$1,179.50 | \$1,179.50 |

| Dependent Child Coverage ³ - Monthly Premium For: | | | | |
|--|---------|---------|---------|----------|
| \$1,000 | \$2,000 | \$4,000 | \$5,000 | \$10,000 |
| \$0.29 | \$0.58 | \$1.16 | \$1.46 | \$2.91 |

Due to rounding, your actual payroll deduction amount may vary slightly