

2017 AETNA Medical Monthly Premiums 12 Month

Plan A (\$600 Deductible, \$2250 Out of Pocket Max; 2x Family)							
		Full Wellness \$\$		Partial Wellness \$\$		No Wellness \$\$	
Coverage	Total Premium	University Contribution	Employee Contribution	University Contribution	Employee Contribution	University Contribution	Employee Contribution
Employee Only	\$ 601.44	\$ 556.27	\$ 45.17	\$ 535.44	\$ 66.00	\$ 514.61	\$ 86.83
Employee & Spouse	\$ 1,255.66	\$ 773.49	\$ 482.17	\$ 752.66	\$ 503.00	\$ 731.83	\$ 523.83
Employee & Children	\$ 1,074.07	\$ 743.89	\$ 330.18	\$ 723.06	\$ 351.01	\$ 702.23	\$ 371.84
Family	\$ 1,634.95	\$ 856.57	\$ 778.38	\$ 835.74	\$ 799.21	\$ 814.91	\$ 820.04

Plan B (\$1,000 Deductible, \$5000 Out of Pocket Max; 2x Family)							
		Full Wellness \$\$		Partial Wellness \$\$		No Wellness \$\$	
Coverage	Total Premium	University Contribution	Employee Contribution	University Contribution	Employee Contribution	University Contribution	Employee Contribution
Employee Only	\$ 513.86	\$ 556.27	\$ (42.41)	\$ 535.44	\$ (21.58)	\$ 514.61	\$ (0.75)
Employee & Spouse	\$ 1,072.83	\$ 773.49	\$ 299.34	\$ 752.66	\$ 320.17	\$ 731.83	\$ 341.00
Employee & Children	\$ 917.67	\$ 743.89	\$ 173.78	\$ 723.06	\$ 194.61	\$ 702.23	\$ 215.44
Family	\$ 1,396.90	\$ 856.57	\$ 540.33	\$ 835.74	\$ 561.16	\$ 814.91	\$ 581.99

* Employee may use excess University Contributions for qualifying dental elections

Plan C (H.S.A.) (\$3,000 Deductible, \$5000 Out of Pocket Max: 2x Family)							
		Full Wellness \$\$		Partial Wellness \$\$		No Wellness \$\$	
Coverage	Total Premium	University Contribution	Employee Contribution	University Contribution	Employee Contribution	University Contribution	Employee Contribution
Employee Only	\$ 462.71	\$ 556.27	\$ (93.56)	\$ 535.44	\$ (72.73)	\$ 514.61	\$ (51.90)
Employee & Spouse	\$ 966.02	\$ 773.49	\$ 192.53	\$ 752.66	\$ 213.36	\$ 731.83	\$ 234.19
Employee & Children	\$ 826.31	\$ 743.89	\$ 82.42	\$ 723.06	\$ 103.25	\$ 702.23	\$ 124.08
Family	\$ 1,257.83	\$ 856.57	\$ 401.26	\$ 835.74	\$ 422.09	\$ 814.91	\$ 442.92

* Employee may use excess University Contributions for qualifying dental elections or additional contributions to employee H.S.A.

The University will contribute \$62.50/month to an H.S.A. account for employee only. And \$125/month to an H.S.A. for those enrolled in dependent tiers.

How can I earn Wellness \$\$?	Wellness \$\$ toward better health	How much?	Steps to better health, more \$\$
	Full (\$500/ee) Wellness \$\$	Addit. \$41.66/mo	Biometric Screening, Health Assessment, Non-Tobacco User (completes affidavit)
	Partial (\$250) Wellness \$\$	Addit. \$20.83/mo	Biometric Screening, Health Assessment, Tobacco Use (does not choose "reasonable alternative")
	No Wellness \$\$	No Additional \$\$	Do Not Take Biometric Screening/Health Assessment

*\$\$ that will help lower my premiums; Covered Employee must comply to qualify

2017 Delta Dental Monthly Premiums							
	Plan A (preventive coverage)				Plan B (comprehensive coverage)		
Coverage	Total Premium	University Contribution	Employee Contribution		Total Premium	University Contribution	Employee Contribution
Employee Only	\$ 13.67	\$ 13.67	\$ -		\$ 31.64	\$ 13.67	\$ 17.97
Employee & Spouse	\$ 29.33	\$ 13.67	\$ 15.66		\$ 62.45	\$ 13.67	\$ 48.78
Employee & Children	\$ 45.57	\$ 13.67	\$ 31.90		\$ 79.17	\$ 13.67	\$ 65.50
Family	\$ 60.34	\$ 13.67	\$ 46.67		\$ 114.08	\$ 13.67	\$ 100.41

2017 Davis Vision - Monthly Premiums			
	Plan A		
Coverage	Total Premium	University Contribution	Employee Contribution
Employee Only	\$ 6.07	\$ -	\$ 6.07
Employee & Spouse	\$ 10.92	\$ -	\$ 10.92
Employee & Children	\$ 11.53	\$ -	\$ 11.53
Family	\$ 18.20	\$ -	\$ 18.20

Truman State University also offers an eye exam benefit under the Medical plan

2017 Life Insurance Underwritten by The Standard

Term life insurance coverage equal to the employee's annual salary is paid by the University. Employees may purchase additional coverage up to three times their annual salaries through payroll deduction. Term life insurance is also available for eligible dependents in amounts of \$5,000, \$10,000 or \$15,000.

Additional life insurance rates (Paid 12 times per year)

Age	Premium per \$1,000 annual salary
Under 25	\$0.04
Age 25-29	\$0.05
Age 30-34	\$0.07
Age 35-39	\$0.08
Age 40-44	\$0.09
Age 45-49	\$0.13
Age 50-54	\$0.20
Age 55-59	\$0.37
Age 60-64	\$0.56
Age 65-69	\$1.08
Age 70+	\$1.75

Rate X Annual Salary, divide by 1000 = Monthly Premium

Dependent life insurance rates (Paid 12 times per year)

Level	Monthly Premium
\$5,000	\$1.74
\$10,000	\$3.48
\$15,000	\$5.22