2027 Benefit Plan Rates for Faculty and Staff

Medical Plans	Kaiser Permanente HMO		Blue Shield Access+ HMO		Blue Shield Trio HMO		Blue Shield HDHP PPO	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly
EE Only	$ 88.15	$ 44.08	$ 87.50	$ 43.75	$ 34.99	$ 17.50	$ 79.76	$ 39.88
EE + Spouse	$ 370.21	$ 185.11	$ 367.50	$ 183.75	$ 146.94	$ 73.47	$ 335.01	$ 167.51
EE + Child(ren)	$ 317.32	$ 158.66	$ 315.00	$ 157.50	$ 125.95	$ 62.98	$ 287.15	$ 143.58
Family	$ 819.75	$ 409.88	$ 813.75	$ 406.88	$ 325.37	$ 162.69	$ 741.80	$ 370.90

Dental Plans	Cigna Dental DHMO		Cigna Dental DPPO	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly
EE Only	$ 8.95	$ 4.48	$ 40.31	$ 20.16
EE + 1	$ 24.41	$ 12.21	$ 79.20	$ 39.60
EE + Family	$ 50.26	$ 25.13	$ 156.32	$ 78.16

Vision Plans	VSP Vision Core		VSP Vision Buy Up	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly
EE Only	$ -	$ -	$ 7.12	$ 3.56
EE + 1	$ 1.49	$ 0.75	$ 12.86	$ 6.43
EE + Family	$ 3.31	$ 1.66	$ 21.81	$ 10.91

Accident Insurance (Voya) Monthly Rates	Low	High
EE	$ 7.97	$ 11.52
EE + Spouse	$ 13.28	$ 19.20
EE + Child	$ 15.72	$ 22.73
Family	$ 21.03	$ 30.41

Hospital Indemnity Insurance (Voya) Monthly Rates	Low	High
EE	$ 18.91	$ 37.82
EE + Spouse	$ 39.62	$ 79.24
EE + Child	$ 28.56	$ 57.13
Family	$ 49.27	$ 98.55

Critical Illness Insurance (Voya)	Employee Amount: 15,000 Spouse Amount: 7,500 Child Amount: 5,000				Employee Amount: 30,000 Spouse Amount: 15,000 Child Amount: 10,000			
Age	EE	EE + Spouse	EE + Child	EE + Family	EE	EE + Spouse	EE + Child	EE + Family
<29	$ 6.10	$ 10.25	$ 8.05	$ 12.20	$ 10.90	$ 17.90	$ 14.80	$ 21.80
30-39	$ 7.15	$ 11.90	$ 9.10	$ 13.85	$ 13.00	$ 21.20	$ 16.90	$ 25.10
40-49	$ 14.20	$ 22.78	$ 16.15	$ 24.73	$ 27.10	$ 42.95	$ 31.00	$ 46.85
50-59	$ 28.75	$ 46.25	$ 30.70	$ 48.20	$ 56.20	$ 89.90	$ 60.10	$ 93.80
60-64	$ 43.00	$ 68.23	$ 44.95	$ 70.18	$ 84.70	$ 133.85	$ 88.60	$ 137.75
65-69	$ 52.90	$ 85.10	$ 54.85	$ 87.05	$ 104.50	$ 167.60	$ 108.40	$ 171.50
70+	$ 78.25	$ 119.45	$ 80.20	$ 121.40	$ 155.20	$ 236.30	$ 159.10	$ 240.20

Voluntary Legal Assistance Insurance (Arag) Monthly Rates	Voluntary Identity Protection Insurance (Allstate) Monthly Rates		Voluntary Pet Insurance (Nationwide) Monthly Rates
$ 18.25	EE Only	$ 7.95	www.petinsurance.com/claremont
	Family	$ 13.95	or call (877) 738-7874

Supplemental Life Insurance (Unum)	
Age	Employee & Spouse Monthly Rates (per 1,000 of coverage)
<29	$ 0.02
30-34	$ 0.03
35-39	$ 0.04
40-44	$ 0.07
45-49	$ 0.10
50-54	$ 0.16
55-59	$ 0.28
60-64	$ 0.43
65-69	$ 0.87
70+	$ 1.42
Dependent Child(ren) Life Insurance	$1.05 for 15,000 of coverage per child

AD&D (Zurich)		
Benefit Amount	EE Only	Family
25,000	$ 0.48	$ 0.93
50,000	$ 0.95	$ 1.85
75,000	$ 1.43	$ 2.78
100,000	$ 1.90	$ 3.70
125,000	$ 2.38	$ 4.63
150,000	$ 2.85	$ 5.55
175,000	$ 3.33	$ 6.48
200,000	$ 3.80	$ 7.40
225,000	$ 4.28	$ 8.33
250,000	$ 4.75	$ 9.25
275,000	$ 5.23	$ 10.18
300,000	$ 5.70	$ 11.10
325,000	$ 6.18	$ 12.03
350,000	$ 6.65	$ 12.95
375,000	$ 7.13	$ 13.88
400,000	$ 7.60	$ 14.80
425,000	$ 8.08	$ 15.73
450,000	$ 8.55	$ 16.65
475,000	$ 9.03	$ 17.58
500,000	$ 9.50	$ 18.50