Nazareth University 2026 Premium Cost Employee Monthly/Annual Premium Cost

Spending Account Option	Excellus Medical	2026 Employee Monthly Premium	2026 Bi-weekly Employee Premium	2026 Employer Monthly Contribution	2026 Total Monthly Premium (Employee + Employer)	2026 Annual Employee Premium	
	Signature HDHP \$3,500 RX-Generics & Brand Name						
HSA	Employee	\$187.35	\$86.47	\$761.01	\$948.36	\$2,248.20	
	Employee + Child(ren)	\$543.50	\$250.85	\$1,495.12	\$2,038.62	\$6,522.00	
	Employee + Spouse	\$657.07	\$303.26	\$1,599.59	\$2,256.66	\$7,884.84	
	Family	\$714.02	\$329.55	\$1,675.41	\$2,389.43	\$8,568.24	
	Signature HDHP \$1,800 RX-Generics & Brand Name						
	Employee	\$346.63	\$159.98	\$761.01	\$1,107.64	\$4,159.56	
HSA	Employee + Child(ren)	\$885.87	\$408.86	\$1,495.12	\$2,380.99	\$10,630.44	
	Employee + Spouse	\$1,036.09	\$478.20	\$1,599.59	\$2,635.68	\$12,433.08	
	Family	\$1,115.31	\$514.76	\$1,675.41	\$2,790.72	\$13,383.72	
	Signature Hybrid 40-1000 RX-Generics Only						
	Employee	\$569.08	\$262.65	\$761.01	\$1,330.09	\$6,828.96	
FSA	Employee + Child(ren)	\$1,364.02	\$629.55	\$1,495.12	\$2,859.14	\$16,368.24	
	Employee + Spouse	\$1,565.41	\$722.50	\$1,599.59	\$3,165.00	\$18,784.92	
	Family	\$1,675.76	\$773.43	\$1,675.41	\$3,351.17	\$20,109.12	

EyeMed Vision	2026 Employee Monthly Premium	2026 Bi-weekly Employee Premium	2026 Annual Employee Premium
Employee	\$6.25	\$2.88	\$75.00
Employee + Child(ren)	\$11.86	\$5.47	\$142.32
Employee + Spouse	\$11.23	\$5.18	\$134.76
Family	\$18.74	\$8.65	\$224.88

Aflac Cancer	2026 Employee Monthly Premium	2026 Bi-weekly Employee Premium	2026 Annual Employee Premium	
Employee				
Employee + Child(ren)	Rates will vary depending on type of coverage chosen and			
Employee + Spouse	if you add Critical Illness (Specified Health Event Rider).			
Family				

Excellus Dental	2026 Employee Monthly Premium	2026 Bi-weekly Employee Premium	2026 Annual Employee Premium
High Plan			
Employee	\$47.23	\$21.80	\$566.76
Employee + Child(ren)	\$103.91	\$47.96	\$1,246.92
Employee + Spouse	\$94.45	\$43.59	\$1,133.40
Family	\$141.66	\$65.38	\$1,699.92
Low Plan			
Employee	\$36.32	\$16.76	\$435.84
Employee + Child(ren)	\$79.92	\$36.89	\$959.04
Employee + Spouse	\$72.67	\$33.54	\$872.04
Family	\$109.00	\$50.31	\$1,308.00

Health Savings Account (HSA) annual limits:

Single - \$4,400; Family - \$8,750

Flexible Spending Accounts (FSA) annual limits:

Medical FSA - \$3,400; Dependent Care - \$7,500

For those who are enrolled in Medicare and an HDHP medical plan, a Medical FSA can be utilized due to HSA ineligibility.

Life & AD&D Insurance	Voluntary Life & Accident Death Insurance		
Rate per \$1,000 elected	Depends on Coverage Amount and Age		
Dependent Spouse Life Insi	urance		
\$5,000 or \$10,000 options	\$0.79 or \$1.57		\$9.48 or \$18.84
Dependent Child(ren) Life Insurance			
\$2,000 or \$4,000 options	\$0.31 or \$0.63		\$3.72 or \$7.56

Aflac Accident	2026 Employee Monthly Premium	2026 Bi-weekly Employee Premium	2026 Annual Employee Premium
Employee	\$9.24	\$4.26	\$110.88
Employee + Child(ren)	\$15.72	\$7.26	\$188.64
Employee + Spouse	\$14.40	\$6.65	\$172.80
Family	\$20.64	\$9.53	\$247.68