NAZARETH UNIVERSITY

Nazareth University 2027 Premium Cost
Employee Monthly/Annual Premium Cost

Spending Account Option	Excellus Medical	2027 Employee Monthly Premium	2027 Bi-weekly Employee Premium	2027 Employer Monthly Contribution	2027 Total Monthly Premium (Employee + Employer)	2027 Annual Plan Premium (Employee + Employer)
	Signature HDHP $3,500 RX-Generics & Brand Name					
HSA	Employee	$226.97	$104.76	$919.35	$1,146.32	$13,755.84
	Employee + Child(ren)	$625.89	$288.87	$1,838.26	$2,464.15	$29,569.80
	Employee + Spouse	$831.95	$383.98	$1,895.77	$2,727.72	$32,732.64
	Family	$863.57	$398.57	$2,024.62	$2,888.19	$34,658.28
	Signature HDHP $1,800 RX-Generics & Brand Name					
HSA	Employee	$419.50	$193.62	$919.35	$1,338.85	$16,066.20
	Employee + Child(ren)	$1,039.73	$479.88	$1,838.26	$2,877.99	$34,535.88
	Employee + Spouse	$1,290.08	$595.42	$1,895.77	$3,185.85	$38,230.20
	Family	$1,348.63	$622.44	$2,024.62	$3,373.25	$40,479.00
	Signature Hybrid 40-1000 RX-Generics Only					
FSA	Employee	$688.39	$317.72	$919.35	$1,607.74	$19,292.88
	Employee + Child(ren)	$1,617.69	$746.63	$1,838.26	$3,455.95	$41,471.40
	Employee + Spouse	$1,929.89	$890.72	$1,895.77	$3,825.66	$45,907.92
	Family	$2,026.07	$935.11	$2,024.62	$4,050.69	$48,608.28

Excellus Dental	2027 Employee Monthly Premium	2027 Bi-weekly Employee Premium	2027 Annual Employee Premium
High Plan			
Employee	$49.02	$22.62	$588.24
Employee + Child(ren)	$107.84	$49.77	$1,294.08
Employee + Spouse	$98.03	$45.24	$1,176.36
Family	$147.02	$67.86	$1,764.24
Low Plan			
Employee	$37.70	$17.40	$452.40
Employee + Child(ren)	$82.94	$38.28	$995.28
Employee + Spouse	$75.42	$34.81	$905.04
Family	$113.12	$52.21	$1,357.44

Health Savings Account (HSA) annual limits:
Single - $4,500; Family - $9,000

Flexible Spending Accounts (FSA) annual limits:
Medical FSA - $3,500; 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.

EyeMed Vision	2027 Employee Monthly Premium	2027 Bi-weekly Employee Premium	2027 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

Life & AD&D Insurance	Voluntary Life & Accident Death Insurance		
Rate per $1,000 elected	Depends on Coverage Amount and Age		
Dependent Spouse Life Insurance			
$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 Cancer	2027 Employee Monthly Premium	2027 Bi-weekly Employee Premium	2027 Annual Employee Premium
Employee	Rates will vary depending on type of coverage chosen and if you add Critical Illness (Specified Health Event Rider).		
Employee + Child(ren)			
Employee + Spouse			
Family			

Aflac Accident	2027 Employee Monthly Premium	2027 Bi-weekly Employee Premium	2027 Annual Employee Premium
Employee	$19.40	$8.95	$232.80
Employee + Child(ren)	$32.83	$15.15	$393.96
Employee + Spouse	$27.67	$12.77	$332.04
Family	$42.90	$19.80	$514.80