2024 INSURANCE PREMIUM INFORMATION



Spring Arbor Health, Dental & Vision premiums listed below are monthly rates. Benefits begin on 1st of month following date of hire unless hired on the 1st. Employee contributions are deducted a month in advance, for example deductions for benefits beginning on 1/1/24 will begin in the December 2023 payroll.

GuideStone (Highmark BCBS) Health Saver 2000 HDHP¹ Aggregate Deductible

2024 HSA Limits: Single \$4,150; Family \$8,300; Catch Up \$1,000 (55 & over)

GuideStone (Highmark BCBS) Health Saver 2800 HDHP¹ Aggregate Deductible

2024 HSA Limits: Single \$4,150; Family \$8,300; Catch Up \$1,000 (55 & over)

GuideStone (Highmark BCBS) Health Saver 4000 HDHP¹ Embedded Deductible

2024 HSA Limits: Single \$4,150; Family \$8.300; Catch Up \$1,000 (55 & over)

GuideStone (Highmark BCBS) Health Choice 1000 PPO

Embedded Deductible

Members of this plan are not eligible to contribute to HSA 2024 FSA Limits: \$3,050

Contract Type	2024 Employee / SAU						
Single	\$130.26 / \$520.92	Single	\$56.16 / \$505.76	Single	\$51.86 / \$466.89	Single	\$174.16 / \$520.92
Employee + Spouse	\$303.50 / \$1,213.75	Employee + Spouse	\$130.88 / \$1,178.39	Employee + Spouse	\$120.84 / \$1,087.85	Employee + Spouse	\$405.78 / \$1,213.76
Employee + Child(ren)	\$260.52 / \$1,041.84	Employee + Child(ren)	\$112.34 / \$1,011.49	Employee + Child(ren)	\$103.70 / \$933.80	Employee + Child(ren)	\$348.34 / \$1,041.82
Family	\$377.76 / \$1,510.66	Family	\$162.90 / \$1,466.66	Family	\$150.36 / \$1,354.01	Family	\$505.08 / \$1,510.65

Please Note: SAU Medical and RX premium contribution includes the full premium combined with the taxes and fees assessed due to the Affordable Care Act (ACA).

You can contribute to a full Health Care FSA if you are ineligible to make contributions to an HSA.

Dental	Delta Dental		
Contract Type	2024 Employee		
Employee Only	\$40.28		
2 Person	\$75.90		
Family	\$150.68		

Vision	EyeMed			
Contract Type	2024 Employee			
Employee Only	\$6.76			
2 Person	\$12.83			
Family	\$18.84			

Voluntary Term Life Insurance (Employee Paid)								
Mutual of Omaha								
Non-tobacco rates are listed per person per \$10,000 per month. The maximum amount available to employees up to age 70 is 7 x Annual Salary up to \$500,000. Spouses under age 70, is \$250,000	Age Under 30 30-34 35-39 40-44	Rate .50 .60 .65 1.05	Dependent Children Life Cost Child Monthly Rate: \$2,500 = \$0.44; \$5,000 = \$0.87; \$7,500 = \$1.31; \$10,000 = \$1.74					
(not to exceed 100% of employee elected amount). Spouse's rate based on Employee's age. \$200,000 guaranteed issue for new employee under age 70 and \$50,000 guaranteed issue for new employee's spouse.	45-49 50-54 55-59 60-64 65-69 70 + See Rate	1.75 2.90 5.00 6.90 10.50 Sheet	All dependent children coverage includes a \$1,000 benefit for each eligible child from 14 days up to 6 months of age.					
Benefits will reduce at age 70+. Spouse's benefits terminate at employee age 80. Benefits will terminate upon retirement.	Sample formula for "Under 30" age group: 100,000/10,000 x .50 = \$5.00 monthly premium.		One rate for all eligible dependent children in family, regardless of number up to age 26 if full-time student.					

Employer Paid Life and AD&D Insurance Mutual of Omaha

SAU pays the premium for this policy for all regular full-time employees equal to 1x the amount of base annual earnings with the University for the fiscal year (maximum \$50,000).

Personal Life and AD&D Insurance will be reduced as follows:

- At age 65, benefits will reduce by 65% of the original amount.
- At age 70, benefits will reduce an additional 50% of the original amount.
- See Certificate of Coverage for additional coverage details.
- Benefits will terminate when the Insured Person retires.

If the Insured Person first enrolls for Personal Life and AD&D Insurance at age 65 or older, the age reductions will apply to:

- -Any Guarantee Issue Amount available without evidence of insurability; and
- -The maximum amount of insurance for which he or she is eligible.