Simmons University July 1, 2020 Final Rate Medical - Full Time								
Medical - Full Time								
		• 		EV	21 Domostic Pa	thor Pates		
	July 1, 2020 Monthly Rates & Contributions			FY21 Domestic Partner Rates				
	Monthly Premium	Employee Contrib	Simmons Premium	FY 21 F	ull Time Domestic Par	tner Medical Rates		
HDHP/PPO						-	-	
<\$75,000								
Individual	\$647.41	\$121.62	\$525.79	HDHP/PPO (less than 75K)	Pre-Tax	Post-tax	ER non taxable	ER Taxable
Employee + 1 Family	\$1,293.77 \$1,984.60	\$256.08 \$392.80	\$1,037.69 \$1,591.80	Employee + Domestic Partner Family (including Domestic Partner)	\$121.62 \$256.08	\$134.46 \$136.72	\$525.79 \$1,037.69	\$511.90 \$554.11
\$75.000+	\$1,984.60	\$392.80	\$1,591.60	Participating Domestic Partner)	\$200.00	\$130.72	\$1,037.09	\$ <b>3</b> 54.11
Individual	\$647.41	\$129.90	\$517.51	HDHP/PPO (75K+)	Pre-Tax	Post-tax	ER non taxable	ER Taxable
Employee + 1	\$1,293.77	\$273.50	\$1,020.27	Employee + Domestic Partner	\$129.90	\$143.60	\$517.51	\$502.76
Family	\$1,984.60	\$419.52	\$1,565.08	Family (including Domestic Partner)	\$273.50	\$146.02	\$1,020.27	\$544.81
HMO								
<\$75,000								
Individual	\$705.01	\$187.29	\$517.72	HMO (Less than 75k)	Pre-Tax	Post-tax	ER non taxable	ER Taxable
Employee + 1	\$1,409.98	\$388.43	\$1,021.55	Employee + Domestic Partner	\$187.29	\$201.14	\$517.72	\$503.83
Family	\$2,162.91	\$595.86	\$1,567.05	Family (including Domestic Partner)	\$388.43	\$207.43	\$1,021.55	\$545.50
\$75,000+	©705.04	£200.02	<b>\$504.00</b>		Des Te	Deaths	ED and the state	ED Taurit
Individual Employee + 1	\$705.01 \$1,409.98	\$200.03 \$414.84	\$504.98	HMO (75k+)	Pre-Tax \$200.02	Post-tax	ER non taxable	ER Taxable
Family	\$1,409.98 \$2,162.91	\$636.40	\$995.14 \$1,526.51	Employee + Domestic Partner Family (including Domestic Partner)	\$200.03 \$414.84	\$214.81 \$221.56	\$504.98 \$995.14	\$490.16 \$531.37
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Medical - Part-Time	·	·						
inourour runt mite	July 1, 20	020 Monthly Rates & Con	ributions					
	Monthly Premium	Employee Contrib	Simmons Premium		_			
HDHP/PPO	inonitiny Promitani	Linployoo oonano		FY21 Part-Time	Domestic Partner Med	lical Rates_no rate	e banding	
All Salaries								
Individual	\$647.41	\$410.51	\$236.90	PPO (All Salaries)	Pre-Tax	Post-tax	ER non taxable	ER Taxable
Employee + 1	\$1,293.77	\$834.94	\$458.83	Employee + Domestic Partner	\$410.51	\$424.43	\$236.90	\$221.93
Family	\$1,984.60	\$1,280.76	\$703.84	Family (including Domestic Partner)	\$834.94	\$445.82	\$458.83	\$245.01
нмо								
All Salaries	A	A						
Individual	\$705.01 \$1,409.98	\$477.75	\$227.26	HMO (All salaries) Employee + Domestic Partner	Pre-Tax \$477.75	Post-tax \$492.84	ER non taxable \$227.26	ER Taxable \$212.13
Employee + 1 Family	\$1,409.98 \$2,162.91	\$970.59 \$1,494.52	\$439.39 \$668.39	Family (including Domestic Partner)	\$970.59	\$492.84	\$227.26	\$212.13
Family	φ2,102.91	\$1,494.5Z	\$000.39	Family (including Domestic Partner)	\$970.59	\$523.93	\$439.39	\$229.00
Dental - Full-Time								
	July 1, 20	020 Monthly Rates & Con	ributions	FY 21 Full Tin	ne Domestic Partner D	ental Rates (all sa	laries)	
Core	Monthly Premium	Employee Contrib	Simmons Premium	Core Dental Plan	Pre-Tax	Post-tax	ER non taxable	ER Taxable
Individual	\$43.80	\$21.90	\$21.90	Employee +Domestic Partner	\$21.90	\$43.42	\$21.90	\$43.44
Family	\$130.66	\$65.32	\$65.34	Family (including Domestic Partner)	\$43.42	\$21.90	\$43.44	\$21.90
Dental - Full-Time								
Enhanced		20 Monthly Rates & Con						
	Monthly Premium	Employee Contrib	Simmons Premium	Enhanced Dental Plan	Pre-Tax	Post-tax	ER non taxable	ER Taxable
Individual	\$52.56	\$30.66	\$21.90	Employee + Domestic Partner	\$30.66	\$60.80	\$21.90	\$43.43
Family	\$156.79	\$91.46	\$65.33	Family (including Domestic Partner)	\$60.80	\$30.66	\$43.43	\$21.90
Dentel Dent Tim	l	l				L		
Dental - Part-Time			ributions					
Core	July 1, 2020 Monthly Rates & Contributions			FY21 Part-Time Domestic Partner Dental Rates (all salaries) Core Dental Plan Pre-Tax Post-tax ER non taxable ER Taxable				
Individual	Monthly Premium	Employee Contrib	Simmons Premium \$0.00	Core Dental Plan Employee + Domestic Partner	Pre-Tax \$43.80	Post-tax \$86.86	ER non taxable \$0.00	ER Taxable \$0.00
Individual Family	\$43.80 \$130.66	\$43.80 \$130.66	\$0.00	Family (including Domestic Partner)	\$43.80	\$86.86	\$0.00	\$0.00
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Dental - Part-Time	·				1	1		
	July 1. 20	020 Monthly Rates & Con	ributions			1		
	Monthly Premium	Employee Contrib	Simmons Premium	Enhanced Dental Plan	Pre-Tax	Post-tax	ER non taxable	ER Taxable
Enhanced	\$52.56	\$52.56	\$0.00	Employee + Domestic Partner	\$52.56	\$104.23	\$0.00	\$0.00
Enhanced Individual		\$156.79	\$0.00	Family (including Domestic Partner)	\$104.23	\$52.56	\$0.00	\$0.00
	\$156.79			· /				
Individual								
Individual Family	\$156.79							
Individual	\$156.79 ees							
Individual Family	\$156.79 ees July 1, 20	020 Monthly Rates & Con			ime and Part-Time Vis			
Individual Family Vision - All Employe	\$156.79 ees July 1, 20 Monthly Premium	020 Monthly Rates & Con Employee Contrib	Simmons Premium	Vision (all employees)	Pre-Tax	Post-tax	ER non taxable	ER Taxable
Individual Family	\$156.79 ees July 1, 20	020 Monthly Rates & Con						ER Taxable \$0.00 \$0.00