



YOUR 2026 BENEFITS

2026 Contributions | Exempt

Medical

Bi-Weekly – 26 Pay Periods

	Payroll Deductions	
	Full-Time	Part-Time
EPO		
Employee Only	\$70.31	\$89.41
Employee + Spouse	\$147.65	\$187.76
Employee + Child(ren)	\$139.92	\$177.93
Employee + Family	\$210.93	\$268.23
LIMITED PPO		
Employee Only	\$114.45	\$134.35
Employee + Spouse	\$240.35	\$282.14
Employee + Child(ren)	\$227.76	\$267.36
Employee + Family	\$343.35	\$403.05
STANDARD PPO		
Employee Only	\$155.50	\$180.10
Employee + Spouse	\$326.55	\$378.21
Employee + Child(ren)	\$309.45	\$358.40
Employee + Family	\$466.50	\$540.30
PREMIER PPO		
Employee Only	\$201.77	\$231.08
Employee + Spouse	\$423.72	\$485.27
Employee + Child(ren)	\$401.52	\$459.85
Employee + Family	\$605.31	\$693.24
VALUE PPO		
Employee Only	\$48.69	\$62.59
Employee + Spouse	\$103.36	\$131.44
Employee + Child(ren)	\$97.95	\$124.55
Employee + Family	\$147.66	\$187.77

Dental & Vision

Bi-Weekly – 26 Pay Periods

	Payroll Deductions	
	Full-Time	Part-Time
DENTAL: DPPO		
Employee Only	\$6.51	\$7.85
Employee + Spouse	\$15.74	\$18.79
Employee + Child(ren)	\$19.07	\$22.98
Employee + Family	\$21.13	\$25.48
VISION		
Employee Only		\$3.42
Employee + Spouse		\$6.84
Employee + Child(ren)		\$7.32
Employee + Family		\$11.70



UConn Health Community Network

Optional Life

Monthly Rate per \$1,000 of Coverage	
Employee or Spouse (Based on Employee Age as of Jan. 1)	
Under age 30	\$0.063
Age 30 to 34	\$0.080
Age 35 to 39	\$0.090
Age 40 to 44	\$0.135
Age 45 to 49	\$0.234
Age 50 to 54	\$0.396
Age 55 to 59	\$0.612
Age 60 to 64	\$0.882
Age 65 to 69	\$1.476
Age 70 or older	\$2.475
CHILD	
Age 14 days to 26 years	\$0.125

Sample Optional Life Calculation

34 year old employee elects \$50,000 for himself, \$25,000 for his 36 year old spouse, and \$10,000 for children.

Employee: \$50,000/1000 = 50 x 0.08 = \$4.00 per month	\$4.00 x 12/26 = \$1.85 per pay period
Spouse: \$25,000/1000 = 25 x 0.08 = \$2.00 per month	\$2.00 x 12/26 = \$0.92 per pay period
Child(ren): \$10,000/1000 = 10 x 0.125 = \$1.25 per month	\$1.25 x 12/26 = \$0.58 per pay period

Optional Short Term Disability (STD)

Monthly Rates per \$10 of Weekly Benefit	
Under age 25	\$0.22
Age 25 to 29	\$0.53
Age 30 to 34	\$0.78
Age 35 to 39	\$0.60
Age 40 to 44	\$0.44
Age 45 to 49	\$0.44
Age 50 to 54	\$0.53
Age 55 to 59	\$0.60
Age 60 to 64	\$0.82
Age 65 and older	\$1.10

Sample Optional STD Calculation

Your deduction is based off weekly benefit.

For example, if you make \$50,000 per year and you are 40 years old:

Your weekly benefit is $\$50,000/52 \times .60 = \576.92

$\$577 / \$10 \times \$0.44 = \25.39 per month

$\$25.39 \times 12/26 = \11.72 per pay period

Long Term Disability (LTD)

Monthly Rate per \$100 of Coverage	
Buy-Up	\$0.45

Sample Buy-Up LTD Calculation

Your deduction is based off monthly salary.

For example, if you make \$3,000 per month:

$\$3,000 / \$100 \times \$0.45 = \13.50 per month (Buy-Up)

$\$13.50 \times 12/26 = \6.23 per pay period

