

Additional Resources

2012 Full-Time Medical, Dental and Vision Plan Employee Contributions

Your 2012 Medical Plan Contributions for Full-Time Employees						
PLANS	Aetna HDHP Medical Plan w/HSA		Aetna POS Value		Aetna POS Plus	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly
Employee Only	\$21.00	\$10.50	\$26.00	\$13.00	\$60.00	\$30.00
Employee Plus Child(ren)	\$73.00	\$36.50	\$107.00	\$53.50	\$184.00	\$92.00
Employee Plus Spouse/SSDP*	\$82.00	\$41.00	\$136.00	\$68.00	\$225.00	\$112.50
Family*	\$134.00	\$67.00	\$215.00	\$107.50	\$345.00	\$172.50

* These rates do not reflect the \$50 per month (\$25 per bi-weekly) Spouse/SSDP Medical Charge that will be applied if you choose to cover your spouse or SSDP and they have access to medical insurance through an employer other than Emory.

* These rates do not reflect the \$50 per month, per covered adult (Employee or Spouse/SSDP) Tobacco Use Surcharge that will be applied if you and/or your Spouse/SSDP are currently a tobacco user.

Your 2012 Dental Plan Contributions for Full-Time Employees				
PLANS	Aetna Traditional Dental (PPO)		Aetna DMO Dental	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly
Employee Only	\$24.50	\$12.25	\$17.00	\$8.50
2-Person	\$55.00	\$27.50	\$34.00	\$17.00
Family	\$87.50	\$43.75	\$55.00	\$27.50

Your 2012 Vision Plan Contributions for Full-Time Employees		
PLAN	EyeMed Vision Plan	
	Monthly	Bi-Weekly
Employee Only	\$9.96	\$4.98
Employee Plus Child(ren)	\$19.90	\$9.95
Employee Plus Spouse/SSDP	\$18.90	\$9.45
Family	\$29.28	\$14.64