

Benefits Cost

Paying For Benefits – 2018

SMU pays a significant portion of the overall cost of your medical and dental benefits. The amount you pay will depend on the choices you make.

COST OF COVERAGE			
	Your Biweekly Cost	Your Monthly Cost	SMU Monthly Cost
\$2,000 Deductible PPO			
Employee Only	\$46.98	\$101.78	\$500.45
Employee + Spouse	\$100.97	\$218.77	\$1,106.13
Employee + Child(ren)	\$94.26	\$204.23	\$1,060.45
Employee + Family	\$146.50	\$317.42	\$1,609.71
\$2,700 Deductible HDHP			
Employee Only	\$15.82	\$34.28	\$504.16
Employee + Spouse	\$32.44	\$70.28	\$1,114.29
Employee + Child(ren)	\$28.84	\$62.49	\$1,068.25
Employee + Family	\$46.82	\$101.44	\$1,621.59
\$5,000 Deductible HDHP			
Employee Only	\$7.53	\$16.31	\$497.91
Employee + Spouse	\$16.56	\$35.88	\$1,095.41
Employee + Child(ren)	\$15.06	\$32.62	\$995.83
Employee + Family	\$24.08	\$52.18	\$1,593.34
Dental Plan			
Employee Only	\$3.46	\$7.49	\$35.76
Employee + One	\$20.26	\$43.89	\$40.64
Employee + Family	\$29.82	\$64.62	\$52.15
Vision Plan			
Employee Only	\$2.75	\$5.94	\$0.00
Employee + One	\$5.49	\$11.88	\$0.00
Employee + Family	\$8.82	\$19.12	\$0.00

IMPORTANT: The rates on this page are for biweekly-paid employees who receive 26 paychecks per calendar year and monthly-paid employees who receive 12 paychecks per calendar year. If you are on a different pay schedule (e.g., 20 biweekly paychecks or 10 monthly paychecks) the amount deducted from your paychecks will be prorated accordingly.