Premiums

University of Rochester 2019 Health Care and Dental Plan Premiums Rate Sheet for Residents and Fellows

Share of Premiums for Residents and Fellows (Pay frequency: monthly or semi-monthly)

University Health Care Plans	Monthly Premium Contributions (January 1–December 31, 2019)				Semi-Monthly Premium Contributions (January 1-December 31, 2019)					
	Single	Family	Employee and Spouse or Domestic Partner	Employee and Child(ren)	Single	Family	Employee and Spouse or Domestic Partner	Employee and Child(ren)		
Residents & Fellows Share of Premiums										
YOUR PPO Plan	\$91.66	\$274.90	\$201.60	\$164.92	\$45.83	\$137.45	\$100.80	\$82.46		
YOUR HSA-Eligible Plan	\$9.36	\$28.06	\$20.58	\$16.84	\$4.68	\$14.03	\$10.29	\$8.42		

University Dental Plans		nly Rates cember 31, 2019)	Semi-Monthly Rates (January 1–December 31, 2019)		
	Single	Family	Single	Family	
Traditional Dental Plan	\$4.38	\$8.94	\$2.19	\$4.47	
Medallion Dental Plan	\$13.76	\$28.22	\$6.88	\$14.11	

The rates represented in these charts reflect the amount that will be deducted each pay period from residents/fellows members' paychecks from January 1–December 31, 2019, respectively. This is in addition to the amount contributed by the University.

The 2019 Summaries of Benefits and Coverage are available on the Total Rewards website (www.rochester.edu/totalrewards); you can also contact the Office of Total Rewards at (585) 275-2084 to request a copy to be mailed at no charge.