

Your Fordham Benefits



2019 Medical Plans Contribution Rates For Faculty

Coverage Level	UnitedHealthcare Choice Plus Medical Plan 2019 Cost per Pay Period	
	Health Investment Option	Enhanced Standard Option with HRA
Employee		
Your Contribution – 26 Pay Periods	\$59.60	\$75.69
Your Contribution – 22 Pay Periods	\$70.43	\$89.45
Family		
Your Contribution – 26 Pay Periods	\$154.95	\$196.79
Your Contribution – 22 Pay Periods	\$183.12	\$232.57

2019 Dental and Vision Plans Contribution Rates For Faculty

Coverage Level	Cigna Dental Plan 2019 Cost per Pay Period		VSP Vision Plan 2019 Cost per Pay Period	
	DHMO	DPPO	Base	Premier
Employee Only				
Your Contribution – 26 Pay Periods	\$3.84	\$7.74	\$2.07	\$3.14
Your Contribution – 22 Pay Periods	\$4.54	\$9.14	\$2.45	\$3.71
Family				
Your Contribution – 26 Pay Periods	\$10.89	\$23.72	\$5.72	\$8.66
Your Contribution – 22 Pay Periods	\$12.87	\$28.03	\$6.76	\$10.23