

Refund Calculation 2023 - 2024 for Adjunct Faculty

		Employee Only	Employee Plus One	Family
<u>MEDICAL OPTIONS</u>				
Primary Care Access				
Anthem State BlueCare POE Plus		\$1,083.88	\$2,384.53	\$2,926.48
Qualifying Employee Share		\$116.01	\$312.99	\$398.03
State Share (Refund)	1 month	\$967.87	\$2,071.54	\$2,528.45
	2 months	\$1,935.74	\$4,143.08	\$5,056.90
	3 months	\$2,903.61	\$6,214.62	\$7,585.35
	4 months	\$3,871.48	\$8,286.16	\$10,113.80
Standard Access				
Anthem State BlueCare POE		\$1,102.25	\$2,424.95	\$2,976.08
Qualifying Employee Share		\$126.02	\$352.78	\$462.04
State Share (Refund)	1 month	\$976.23	\$2,072.17	\$2,514.04
	2 months	\$1,952.46	\$4,144.34	\$5,028.08
	3 months	\$2,928.69	\$6,216.51	\$7,542.12
	4 months	\$3,904.92	\$8,288.68	\$10,056.16
Expanded Access				
Anthem State BlueCare POS		\$1,102.90	\$2,426.38	\$2,977.83
Qualifying Employee Share		\$149.29	\$401.44	\$476.45
State Share (Refund)	1 month	\$953.61	\$2,024.94	\$2,501.38
	2 months	\$1,907.22	\$4,049.88	\$5,002.76
	3 months	\$2,860.83	\$6,074.82	\$7,504.14
	4 months	\$3,814.44	\$8,099.76	\$10,005.52
State Preferred Point of Service				
Anthem State Preferred POS		\$1,490.44	\$3,278.96	\$4,024.19
Qualifying Employee Share		\$262.12	\$765.51	\$899.77
State Share (Refund)	1 month	\$1,228.32	\$2,513.45	\$3,124.42
	2 months	\$2,456.64	\$5,026.90	\$6,248.84
	3 months	\$3,684.96	\$7,540.35	\$9,373.26
	4 months	\$4,913.28	\$10,053.80	\$12,497.68
Out of Area Point-of-Service (POS) <i>(non-CT residents only)</i>				
Anthem Out of Area (OOA)		\$1,490.44	\$3,278.96	\$4,024.19
Qualifying Employee Share		\$158.37	\$491.02	\$574.37
State Share (Refund)	1 month	\$1,332.07	\$2,787.94	\$3,449.82
	2 months	\$2,664.14	\$5,575.88	\$6,899.64
	3 months	\$3,996.21	\$8,363.82	\$10,349.46
	4 months	\$5,328.28	\$11,151.76	\$13,799.28

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<u>CIGNA DENTAL OPTIONS</u>				
Basic		\$39.74	\$121.21	\$121.21
Qualifying Employee Share		\$0.00	\$24.44	\$24.44
State Share (Refund)	1 month	\$39.74	\$96.77	\$96.77
	2 months	\$79.48	\$193.54	\$193.54
	3 months	\$119.22	\$290.31	\$290.31
	4 months	\$158.96	\$387.08	\$387.08
Enhanced		\$33.57	\$102.39	\$102.39
Qualifying Employee Share		\$0.00	\$20.65	\$20.65
State Share (Refund)	1 month	\$33.57	\$81.74	\$81.74
	2 months	\$67.14	\$163.48	\$163.48
	3 months	\$100.71	\$245.22	\$245.22
	4 months	\$134.28	\$326.96	\$326.96
Dental HMO		\$22.73	\$50.01	\$61.37
Qualifying Employee Share		\$0.00	\$8.18	\$11.59
State Share (Refund)	1 month	\$22.73	\$41.83	\$49.78
	2 months	\$45.46	\$83.66	\$99.56
	3 months	\$68.19	\$125.49	\$149.34
	4 months	\$90.92	\$167.32	\$199.12
Total Care DHMO		\$28.36	\$62.39	\$76.57
Qualifying Employee Share		\$0.00	\$10.21	\$14.46
State Share (Refund)	1 month	\$28.36	\$52.18	\$62.11
	2 months	\$56.72	\$104.36	\$124.22
	3 months	\$85.08	\$156.54	\$186.33
	4 months	\$113.44	\$208.72	\$248.44