

Consider all of your medical needs when reviewing the plans. For example, the out of pocket costs are generally lower with POS A, but you will pay more in your payroll contribution for POS A. All plans have the same participating providers and hospitals and all plans cover the same services, including hearing aids and replacement of a functioning cochlear implant processor. Refer to the **Medical Benefits Comparison Book** for details and use the Medical Needs Worksheet to estimate your medical care needs. **NOTE**: the figures below take into account the change in employee contributions that will be effective July 1, 2023.

The following shows your ANNUAL savings between two plans

	SAVE with POS B Compared to POS A	SAVE with POS B No Drug Compared to POS B	SAVE with POS D Compared to POS A	SAVE with POS D Compared to POS B	SAVE with POS B No Drug Compared to POS D
Contribution Level 1					
Individual	\$452	\$1,466	\$1,907	\$1,455	\$11
Two Person	\$1,166	\$2,712	\$3,684	\$2,518	\$194
Family	\$1,096	\$3,010	\$3,917	\$2,821	\$189
One Parent Family	\$1,593	\$2,957	\$4,337	\$2,744	\$212
Contribution Level 2					
Individual	\$637	\$1,766	\$2,312	\$1,675	\$91
Two Person	\$1,453	\$3,658	\$4,907	\$3,454	\$204
Family	\$1,845	\$4,523	\$6,176	\$4,331	\$192
One Parent Family	\$2,269	\$3,712	\$5,761	\$3,492	\$220
Contribution Level 3					
Individual	\$720	\$1,923	\$2,555	\$1,835	\$88
Two Person	\$1,619	\$3,985	\$5,400	\$3,780	\$205
Family	\$2,047	\$4,820	\$6,679	\$4,632	\$188
One Parent Family	\$2,588	\$3,998	\$6,365	\$3,777	\$222
Contribution Level 4					
Individual	\$802	\$2,087	\$2,804	\$2,002	\$85
Two Person	\$1,791	\$4,327	\$5,914	\$4,123	\$204
Family	\$2,258	\$5,235	\$7,307	\$5,049	\$186
One Parent Family	\$2,856	\$4,337	\$6,972	\$4,116	\$221
Contribution Level PT					
Individual	\$648	\$1,816	\$3,226	\$2,607	N/A
Two Person	\$1,477	\$3,762	\$4,841	\$3,430	\$331
Family	\$1,833	\$4,642	\$6,024	\$4,272	\$370
One Parent Family	\$2,148	\$3,677	\$5,427	\$3,374	\$303
Contribution Level Adjunct					
Individual	\$602	\$1,865	\$2,242	\$1,640	\$225
Two Person	\$1,368	\$3,865	\$4,775	\$3,407	\$458
Family	\$1,658	\$4,761	\$5,872	\$4,214	\$547
One Parent Family	\$1,838	\$3,642	\$5,093	\$3,255	\$387

Use the worksheets in the Benefits Open Enrollment section of the HR website at www.rit.edu/benefits to help calculate your cost comparisons.