

Refund Calculation 2025 - 2026 for Adjunct Faculty

		Employee Only	Employee Plus One	Family
<b><u>MEDICAL OPTIONS</u></b>				
<b>Primary Care Access</b>				
Anthem State BlueCare POE Plus		\$1,215.41	\$2,673.90	\$3,281.61
Qualifying Employee Share		\$130.09	\$350.98	\$446.33
State Share (Refund)	1 month	\$1,085.32	\$2,322.92	\$2,835.28
	2 months	\$2,170.64	\$4,645.84	\$5,670.56
	3 months	\$3,255.96	\$6,968.76	\$8,505.84
	4 months	\$4,341.28	\$9,291.68	\$11,341.12
<b>Standard Access</b>				
Anthem State BlueCare POE		\$1,235.91	\$2,719.00	\$3,336.96
Qualifying Employee Share		\$141.30	\$395.56	\$518.06
State Share (Refund)	1 month	\$1,094.61	\$2,323.44	\$2,818.90
	2 months	\$2,189.22	\$4,646.88	\$5,637.80
	3 months	\$3,283.83	\$6,970.32	\$8,456.70
	4 months	\$4,378.44	\$9,293.76	\$11,275.60
<b>Expanded Access</b>				
Anthem State BlueCare POS		\$1,236.64	\$2,720.61	\$3,338.93
Qualifying Employee Share		\$167.39	\$450.12	\$534.23
State Share (Refund)	1 month	\$1,069.25	\$2,270.49	\$2,804.70
	2 months	\$2,138.50	\$4,540.98	\$5,609.40
	3 months	\$3,207.75	\$6,811.47	\$8,414.10
	4 months	\$4,277.00	\$9,081.96	\$11,218.80
<b>Out of Area Point-of-Service (POS)</b>				
<i>(non-CT residents only)</i>				
Anthem Out of Area (OOA)		\$1,669.33	\$3,672.53	\$4,507.19
Qualifying Employee Share		\$177.38	\$549.96	\$643.31
State Share (Refund)	1 month	\$1,491.95	\$3,122.57	\$3,863.88
	2 months	\$2,983.90	\$6,245.14	\$7,727.76
	3 months	\$4,475.85	\$9,367.71	\$11,591.64
	4 months	\$5,967.80	\$12,490.28	\$15,455.52
<b>Quality First Select Access</b>				
Anthem State BlueCare Prime (POS)		\$1,175.47	\$2,586.04	\$3,173.77
Qualifying Employee Share		\$123.42	\$323.26	\$412.59
State Share (Refund)	1 month	\$1,052.05	\$2,262.78	\$2,761.18
	2 months	\$2,104.10	\$4,525.56	\$5,522.36
	3 months	\$3,156.15	\$6,788.34	\$8,283.54
	4 months	\$4,208.20	\$9,051.12	\$11,044.72

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<b><u>CIGNA DENTAL OPTIONS</u></b>				
<b>Basic</b>		\$40.26	\$122.79	\$122.79
Qualifying Employee Share		\$0.00	\$24.76	\$24.76
State Share (Refund)	1 month	\$40.26	\$98.03	\$98.03
	2 months	\$80.52	\$196.06	\$196.06
	3 months	\$120.78	\$294.09	\$294.09
	4 months	\$161.04	\$392.12	\$392.12
<b>Enhanced</b>		\$39.43	\$120.26	\$120.26
Qualifying Employee Share		\$0.00	\$24.25	\$24.25
State Share (Refund)	1 month	\$39.43	\$96.01	\$96.01
	2 months	\$78.86	\$192.02	\$192.02
	3 months	\$118.29	\$288.03	\$288.03
	4 months	\$157.72	\$384.04	\$384.04
<b>Dental HMO</b>		\$23.64	\$52.01	\$63.83
Qualifying Employee Share		\$0.00	\$8.51	\$12.06
State Share (Refund)	1 month	\$23.64	\$43.50	\$51.77
	2 months	\$47.28	\$87.00	\$103.54
	3 months	\$70.92	\$130.50	\$155.31
	4 months	\$94.56	\$174.00	\$207.08
<b>Total Care DHMO</b>		\$29.49	\$64.88	\$79.62
Qualifying Employee Share		\$0.00	\$10.62	\$15.04
State Share (Refund)	1 month	\$29.49	\$54.26	\$64.58
	2 months	\$58.98	\$108.52	\$129.16
	3 months	\$88.47	\$162.78	\$193.74
	4 months	\$117.96	\$217.04	\$258.32