January 1, 2025 - December 31, 2025

Actual payroll deductions may vary slightly due to rounding.

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		9-month pay schedule Full-time Faculty*	
	Full-time I		
			for former
	Contributions 6	Contributions each pay day 20 payroll deductions per year	
	20 payroll deduc		
	Employee Cost per	Berklee Cost per	Former Employee
	Pay Date	Pay Date	Cost per Month
<u>Medical Insurance</u>	·		
НМО			
Employee	\$205.79	\$382.17	\$999.53
Employee +1	\$418.98	\$778.11	\$2,035.06
Family	\$601.36	\$1,116.82	\$2,920.91
	\$001.50	ψ1,110.02	φ2,920.91
Deductible EPO			
Employee	\$164.03	\$388.65	\$939.55
Employee +1	\$393.84	\$731.43	\$1,912.96
Family	\$565.28	\$1,049.81	\$2,745.65
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PPO			
Employee	\$329.30	\$611.55	\$1,599.44
Employee +1	\$670.41	\$1,245.05	\$3,256.30
Family	\$962.12	\$1,786.79	\$4,673.15
High Deductible PPO			4
Employee	\$217.76	\$404.41	\$1,057.68
Employee +1	\$447.23	\$830.56	\$2,172.24
Family	\$644.68	\$1,197.25	\$3,131.28
<u>Dental Insurance</u>			
Dental Option I \$750.00			
Employee	\$5.77	\$10.72	\$28.04
Employee +1	\$11.54	\$21.44	\$56.07
Family	\$17.32	\$32.16	\$84.11
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Dental Option II \$1,000			
Employee	\$8.50	\$15.79	\$41.29
Employee +1	\$16.59	\$30.80	\$80.56
Family	\$27.40	\$50.88	\$133.08
D			
Dental Option III \$2,000	242.50	#00.0F	400.04
Employee	\$12.52	\$23.25	\$60.81
Employee +1	\$24.36	\$45.25	\$118.34
Family	\$42.98	\$79.82	\$208.75

Actual payroll deductions may vary slightly due to rounding.

^{*} May also apply to certain Conservatory staff

^{***}COBRA: continuation of coverage (generally, up to 18 months) after loss of eligibility; no Berklee Contribution