January 1, 2025 - December 31, 2025 Actual payroll deductions may vary slightly due to rounding.

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	12-month pay schedule Full-time Faculty and Eligible Staff		
			0000
			COBRA***
	Contributions each pay day 26 payroll deductions per year		for former employees; monthly rates
	Employee Cost per	Berklee Cost per	Former Employee Cost
	Pay Date	Pay Date	per Month
Medical Insurance			
нмо			
Employee	\$158.30	\$293.98	\$999.53
Employee +1	\$322.29	\$598.55	\$2,035.06
Family	\$462.59	\$859.09	\$2,920.91
Deductible EPO			
Employee	\$126.18	\$298.96	\$939.55
Employee +1	\$302.96	\$562.64	\$1,912.96
Family	\$434.83	\$807.55	\$2,745.65
PPO			
Employee	\$253.30	\$470.42	<i>\$1,599.44</i>
Employee +1	\$515.70	\$957.73	\$3,256.30
Family	\$740.09	\$1,374.45	\$4,673.15
High Deductible PPO			
Employee	\$167.51	\$311.08	\$1,057.68
Employee +1	\$344.02	\$638.89	\$2,172.24
Family	\$495.90	\$920.96	\$3,131.28
Dental Insurance			
Dental Option I \$750.00			
Employee	\$4.44	\$8.25	\$28.04
Employee +1	\$8.88	\$16.49	\$56.07
Family	\$13.32	\$24.74	\$84.11
Dental Option II \$1,000			
Employee	\$6.54	\$12.14	\$41.29
Employee +1	\$12.76	\$23.69	\$80.56
Family	\$21.08	\$39.14	\$133.08
Dental Option III \$2,000	42.22	4.7 00	400.04
Employee	\$9.63	\$17.89	\$60.81
Employee +1	\$18.74	\$34.81	\$118.34
Family	\$33.06	\$61.40	\$208.75

Actual payroll deductions may vary slightly due to rounding.

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