

Homewood Postdoctoral Fellows are not subject to the UHS fee

Coverage Type	FY 2017 Rates				
	Dental Premiums		Health Insurance Premiums		UHS Fee
	Monthly	Annual	Monthly	Annual	
Individual	\$ 12.25	\$147.00	\$ 312.00	\$ 3,744.00	\$ 475.00
Two-Party	\$ -	\$ -	\$ 768.00	\$ 9,216.00	\$ 475.00
Family	\$ 30.50	\$366.00	\$ 1,026.00	\$12,312.00	\$ 475.00

Coverage Type	FY 2017 COBRA Rates				
	Dental Premiums		Health Insurance Premiums		UHS Fee
	Monthly	Annual	Monthly	Annual	
Individual	\$ 12.25	\$147.00	\$ 317.00	\$ 3,804.00	N/A
Two-Party	\$ -	\$ -	\$ 784.00	\$ 9,408.00	N/A
Family	\$ 30.50	\$366.00	\$ 1,047.00	\$12,564.00	N/A