

# 2021 Premium Schedule

## (Faculty with 10-month contracts)



BlueCross BlueShield  
of Texas

Faculty members with a signed 10-month contract will pay annual insurance premiums over 10 pay periods according to the following 10-month insurance premium schedule. No insurance premiums—including HSA and FSA contributions—will be collected in June and July, and insurance benefits will continue during these months. Faculty members returning in August will resume their insurance premiums payments, HSA and FSA contributions at that time. *If a faculty member's employment with Baylor ends on May 31, his or her insurance coverage will end on May 31. They will receive a refund of the excess insurance premiums paid from January through May.*

2021 SALARY BANDS 10 Months	PPO Employee Monthly Cost	HDHP Employee Monthly Cost	Cost Difference (Monthly)	Cost Difference (Annualized)
<b>Under \$41,950</b>				
Employee only	\$ 76.80	\$ 43.20	\$ 33.60	\$ 336.00
Employee & children	138.00	75.60	62.40	624.00
Employee & spouse	159.60	88.80	70.80	708.00
Employee & family	193.20	104.40	88.80	888.00
<b>\$41,950–\$57,300</b>				
Employee only	\$ 175.20	\$ 93.60	\$ 81.60	\$ 816.00
Employee & children	306.00	162.00	144.00	1,440.00
Employee & spouse	369.60	193.20	176.40	1,764.00
Employee & family	411.60	220.80	190.80	1,908.00
<b>\$57,301–\$72,750</b>				
Employee only	\$ 211.20	\$ 115.20	\$ 96.00	\$ 960.00
Employee & children	367.20	194.40	172.80	1,728.00
Employee & spouse	438.00	231.60	206.40	2,064.00
Employee & family	534.00	286.80	247.20	2,472.00
<b>\$72,751–\$88,000</b>				
Employee only	\$ 250.80	\$ 136.80	\$ 114.00	\$ 1,140.00
Employee & children	445.20	240.00	205.20	2,052.00
Employee & spouse	532.80	283.20	249.60	2,496.00
Employee & family	658.80	354.00	304.80	3,048.00
<b>\$88,001–\$103,450</b>				
Employee only	\$ 292.80	\$ 158.40	\$ 134.40	\$ 1,344.00
Employee & children	510.00	271.20	238.80	2,388.00
Employee & spouse	614.40	324.00	290.40	2,904.00
Employee & family	736.80	403.20	333.60	3,336.00
<b>\$103,451 &amp; over</b>				
Employee only	\$ 308.40	\$ 165.60	\$ 142.80	\$ 1,428.00
Employee & children	537.60	288.00	249.60	2,496.00
Employee & spouse	644.40	346.80	297.60	2,976.00
Employee & family	770.40	427.20	343.20	3,432.00

**NOTE:** The 2021 Premium Schedule monthly payment amounts listed here are based on the benefits-eligible employee's salary as of January 1, 2021.