

MEDICAL		
FULL TIME	Postdoc Contribution	GW Contribution
Postdoc Only	\$101.68	\$479.34
Postdoc + Spouse	\$350.11	\$1,055.95
Postdoc + Child(ren)	\$253.94	\$795.40
Family	\$522.63	\$1,413.04

MEDICAL		
PART TIME	Postdoc Contribution	GW Contribution
Postdoc Only	\$290.51	\$290.51
Postdoc + Spouse	\$703.03	\$703.03
Postdoc + Child(ren)	\$524.67	\$524.67
Family	\$967.83	\$967.84

DENTAL			
	DMO	Low PPO	High PPO
Postdoc Only	\$15.86	\$32.47	\$54.28
Postdoc +One	\$36.26	\$69.00	\$117.72
Family	\$43.89	\$83.52	\$142.43

Vision	
Postdoc Only	\$7.40
Postdoc + One	\$13.71
Family	\$21.87

ASSOCIATES —Imputed Income: IRS regulations mandate that the value of GW’s contributions to healthcare benefits for domestic partners of Associates and their eligible children be considered taxable income to the Associate.

SCHOLARS —Imputed Income: IRS regulations mandate that the value of the GW benefits for Scholars and their eligible dependents be considered taxable income to the Scholar. For questions, please contact benefits@gwu.edu.

Critical Illness

The table below shows how much you’ll pay for Critical Illness Insurance. Rates are dependent on your age as of January 1, 2024 and the amount of coverage selected.

Low Option

Monthly Rates

Employee: \$10,000; Spouse: \$10,000; Child(ren): \$5,000

Attained Age	EE Only	EE+ SP	EE+CH	Family
Under 25	\$1.90	\$3.80	\$2.65	\$4.55
25-29	\$2.30	\$4.60	\$3.05	\$5.3528.
30-34	\$2.90	\$5.80	\$3.65	\$6.55
35-39	\$3.50	\$7.00	\$4.25	\$7.75
40-44	\$4.90	\$9.80	\$5.65	\$10.55
45-49	\$6.90	\$13.80	\$7.65	\$14.55
50-54	\$9.70	\$19.40	\$10.45	\$20.15
55-59	\$11.10	\$22.20	\$11.85	\$22.95
60-64	\$13.40	\$26.80	\$14.15	\$27.55
65-69	\$14.00	\$28.00	\$14.75	\$28.75
70+	\$19.90	\$39.80	\$20.65	\$40.55

High Option

Monthly Rates

Employee: \$20,000; Spouse: \$20,000; Child(ren): \$10,000

Attained Age	EE Only	EE+ SP	EE+CH	Family
Under 25	\$3.80	\$7.60	\$5.30	\$9.10
25-29	\$4.60	\$9.20	\$6.10	\$10.70
30-34	\$5.80	\$11.60	\$7.30	\$13.10
35-39	\$7.00	\$14.00	\$8.50	\$15.50
40-44	\$9.80	\$19.60	\$11.30	\$21.10
45-49	\$13.80	\$27.60	\$15.30	\$29.10
50-54	\$19.40	\$38.80	\$20.90	\$40.30
55-59	\$22.20	\$44.40	\$23.70	\$45.90
60-64	\$26.80	\$53.60	\$28.30	\$55.10
65-69	\$28.00	\$56.00	\$29.50	\$57.50
70+	\$39.80	\$79.60	\$41.30	\$81.10

Hospital Indemnity Insurance Costs

The tables below show your rates for Hospital Indemnity Insurance, depending on whether you choose the low or high option.

Low Option

Coverage Type	Daily Benefit	Monthly Rates
Employee	\$100	\$10.49
Employee + Spouse*	\$100	\$20.13
Employee + Children*	\$100	\$18.01
Employee + Family	\$100	\$27.65

High Option

Coverage Type	Daily Benefit	Monthly Rates
Employee	\$200	\$20.23
Employee + Spouse*	\$200	\$39.19
Employee + Children*	\$200	\$35.04
Employee + Family	\$200	\$54.00

Legal Resources

Monthly Contribution: \$18.00