Human Resources
2083 Lawrenceville Road
Lawrenceville, NJ 08648-3099
T 609-895-5683
hr@rider.edu
www.rider.edu

Full-Time AFSCME Support Staff
12-Month

Rates for 1/1/2027 - 12/31/2027: AFSCME/Tier 1	
$0 - $34,999.99	
Plan Type	**Monthly Contribution**
90/70 Point of Service Plan	
Single	$148.71
Employee + Spouse	$712.11
Employee + Child(ren)	$585.41
Family	$999.99
Advantage Health Savings Plan / High Deductible Health Plan (HDHP)	
Single	$70.39
Employee + Spouse	$446.53
Employee + Child(ren)	$364.83
Family	$520.84
100/80 Health Plan	
Single	$483.01
Employee + Spouse	$1,410.80
Employee + Child(ren)	$1,207.22
Family	$1,989.53
Dental PPO Plan	
Single	$31.02
Employee + Spouse	$63.12
Employee + Child(ren)	$72.56
Family	$104.65
Dental DMO Plan	
Single	$10.00
Employee + Spouse	$20.33
Employee + Child(ren)	$23.38
Family	$33.70

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Full-Time AFSCME Support Staff
12-Month

Rates for 1/1/2027 - 12/31/2027: AFSCME/Tier 2	
$35,000 - $69,999.99	
Plan Type	**Monthly Contribution**
90/70 Point of Service Plan	
Single	$231.00
Employee + Spouse	$817.71
Employee + Child(ren)	$692.82
Family	$1,119.64
Advantage Health Savings Plan / High Deductible Health Plan (HDHP)	
Single	$152.59
Employee + Spouse	$536.80
Employee + Child(ren)	$473.67
Family	$628.06
100/80 Health Plan	
Single	$565.31
Employee + Spouse	$1,516.41
Employee + Child(ren)	$1,314.63
Family	$2,109.19
Dental PPO Plan	
Single	$31.02
Employee + Spouse	$63.12
Employee + Child(ren)	$72.56
Family	$104.65
Dental DMO Plan	
Single	$10.00
Employee + Spouse	$20.33
Employee + Child(ren)	$23.38
Family	$33.70

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RIDER UNIVERSITY

Full-Time AFSCME Support Staff
12-Month

Rates for 1/1/2027 - 12/31/2027: AFSCME/Tier 3	
$70,000 - $100,000	
Plan Type	**Monthly Contribution**
90/70 Point of Service Plan	
Single	$303.19
Employee + Spouse	$926.34
Employee + Child(ren)	$802.92
Family	$1,239.30
Advantage Health Savings Plan / High Deductible Health Plan (HDHP)	
Single	$215.29
Employee + Spouse	$688.21
Employee + Child(ren)	$613.61
Family	$821.89
Dental PPO Plan	
Single	$31.02
Employee + Spouse	$63.12
Employee + Child(ren)	$72.56
Family	$104.65
Dental DMO Plan	
Single	$10.00
Employee + Spouse	$20.33
Employee + Child(ren)	$23.38
Family	$33.70