HEALTH PLAN RATES

	Blue Cross Blue Shield HMO				Blue Cross Blue Shield Value HMO				Blue Cross Blue Shield High Deductible (HDHP)				Blue Cross Blue Shield PPO			
	Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family	Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family	Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family	Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family
26 Biweekly Deductions, Full Time																
Gross Premium	$488.12	$995.80	$903.07	$1,415.60	$459.08	$936.54	$849.31	$1,331.26	$403.98	$824.16	$747.39	$1,171.52	$555.35	$1,132.98	$1,027.45	$1,610.58
College Contribution	$417.80	$712.33	$658.24	$1,031.79	$422.39	$746.38	$685.07	$1,073.86	$384.16	$688.40	$644.09	$987.76	$413.01	$704.32	$657.22	$1,030.17
Employee Contribution	$70.32	$283.47	$244.83	$383.81	$36.69	$190.16	$164.24	$257.40	$19.81	$135.75	$103.30	$183.76	$142.34	$428.67	$370.23	$580.41
26 Biweekly Deductions, Part Time																
Gross Premium	$488.12	$995.80	$903.07	$1,415.60	$459.08	$936.54	$849.31	$1,331.26	$403.98	$824.16	$747.39	$1,171.52	$555.35	$1,132.98	$1,027.45	$1,610.58
College Contribution	$313.34	$534.25	$493.68	$773.84	$316.79	$559.78	$513.81	$805.39	$288.12	$516.31	$483.07	$740.81	$309.76	$528.24	$492.92	$772.63
Employee Contribution	$174.77	$461.55	$409.39	$641.76	$142.28	$376.75	$335.50	$525.87	$115.85	$307.85	$264.31	$430.70	$245.59	$604.75	$534.53	$837.95

	Blue Cross Blue Shield HMO				Blue Cross Blue Shield Value HMO				Blue Cross Blue Shield High Deductible (HDHP)				Blue Cross Blue Shield PPO			
	Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family	Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family	Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family	Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family
14 Pay Deductions, Full Time																
Gross Premium	$906.50	$1,849.34	$1,677.13	$2,628.97	$852.57	$1,739.28	$1,577.29	$2,472.34	$750.24	$1,530.58	$1,388.00	$2,175.67	$1,031.37	$2,104.11	$1,908.12	$2,991.08
College Contribution	$775.91	$1,322.91	$1,222.44	$1,916.18	$784.44	$1,386.13	$1,272.27	$1,994.31	$713.44	$1,278.46	$1,196.17	$1,834.41	$767.03	$1,308.02	$1,220.56	$1,913.16
Employee Contribution	$130.59	$526.43	$454.69	$712.78	$68.13	$353.15	$305.02	$478.03	$36.80	$252.11	$191.83	$341.26	$264.33	$796.09	$687.57	$1,077.92
14 Pay Deductions, Part Time																
Gross Premium	$906.50	$1,849.34	$1,677.13	$2,628.97	$852.57	$1,739.28	$1,577.29	$2,472.34	$750.24	$1,530.58	$1,388.00	$2,175.67	$1,031.37	$2,104.11	$1,908.12	$2,991.08
College Contribution	$581.94	$992.18	$916.84	$1,437.14	$588.33	$1,039.60	$954.20	$1,495.74	$535.09	$958.85	$897.12	$1,375.81	$575.28	$981.02	$915.42	$1,434.87
Employee Contribution	$324.56	$857.16	$760.29	$1,191.83	$264.24	$699.68	$623.09	$976.60	$215.16	$571.73	$490.88	$799.86	$456.09	$1,123.10	$992.71	$1,556.20

DENTAL, VISION & ID THEFT RATES

	Delta Dental High Plan				Delta Dental Value Plan				Vision Plan				Allstate PrivacyArmour Plus	
	Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family	Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family	Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family	Single	Family
26 Biweekly Deductions, Full Time														
Gross Premium	$23.16	$47.49	$42.86	$67.18	$17.39	$35.65	$32.17	$50.43	$3.27	$6.82	$6.15	$9.64	$4.59	$8.28
College Contribution	$18.68	$23.10	$20.84	$32.66	$15.35	$23.11	$20.86	$32.68	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee Contribution	$4.48	$24.39	$22.02	$34.52	$2.04	$12.54	$11.31	$17.75	$3.27	$6.82	$6.15	$9.64	$4.59	$8.28
26 Biweekly Deductions, Part Time														
Gross Premium	$23.16	$47.49	$42.86	$67.18	$17.39	$35.65	$32.17	$50.43	$3.27	$6.82	$6.15	$9.64	$4.59	$8.28
College Contribution	$14.01	$17.32	$15.63	$24.49	$11.51	$17.34	$15.64	$24.51	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee Contribution	$9.15	$30.17	$27.23	$42.69	$5.88	$18.31	$16.53	$25.92	$3.27	$6.82	$6.15	$9.64	$4.59	$8.28

	Delta Dental High Plan				Delta Dental Value Plan				Vision Plan				Allstate PrivacyArmour Plus	
	Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family	Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family	Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family	Single	Family
14 Pay Deductions, Full Time														
Gross Premium	$43.02	$88.20	$79.59	$124.77	$32.30	$66.21	$59.74	$93.65	$6.08	$12.66	$11.43	$17.90	$8.53	$15.39
College Contribution	$34.69	$42.89	$38.70	$60.65	$28.51	$42.93	$38.73	$60.69	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee Contribution	$8.33	$45.31	$40.89	$64.12	$3.79	$23.28	$21.01	$32.96	$6.08	$12.66	$11.43	$17.90	$8.53	$15.39
14 Pay Deductions, Part Time														
Gross Premium	$43.02	$88.20	$79.59	$124.77	$32.30	$66.21	$59.74	$93.65	$6.08	$12.66	$11.43	$17.90	$8.53	$15.39
College Contribution	$26.02	$32.17	$29.03	$45.49	$21.38	$32.20	$29.05	$45.52	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee Contribution	$17.00	$56.03	$50.56	$79.28	$10.92	$34.01	$30.69	$48.13	$6.08	$12.66	$11.43	$17.90	$8.53	$15.39

NOTE 1: Medical, Dental, and Vision contributions are deducted on a pre-tax basis.

NOTE 2: "Part Time" rates apply to faculty and staff who work less than three-quarter (0.75 FTE) time.

NOTE 3: Benefit premiums are deducted on a paycheck basis, and are not prorated upon enrollment or end of coverage.