



Health Plans
2021 Premium Rates (effective January 1, 2021)

HEALTH PLAN OPTIONS																
BI-WEEKLY PAY SCHEDULE																
	Blue Cross Blue Shield HMO				Blue Cross Blue Shield Value HMO				Blue Cross Blue Shield High Deductible (HDHP)				Blue Cross Blue Shield POS			
	Single	Employee + Spouse	Employee + Child(ren)	Family	Single	Employee + Spouse	Employee + Child(ren)	Family	Single	Employee + Spouse	Employee + Child(ren)	Family	Single	Employee + Spouse	Employee + Child(ren)	Family
Full Time																
Gross Premium	\$343.94	\$701.68	\$636.34	\$997.48	\$323.47	\$659.92	\$598.45	\$938.05	\$284.66	\$580.73	\$526.64	\$825.49	\$391.32	\$798.34	\$723.98	\$1,134.87
College Contribution	(\$293.40)	(\$497.93)	(\$460.36)	(\$721.61)	(\$297.11)	(\$523.24)	(\$480.41)	(\$753.04)	(\$270.42)	(\$483.17)	(\$452.38)	(\$693.41)	(\$289.01)	(\$490.23)	(\$457.87)	(\$717.70)
Net Employee Cost	\$50.54	\$203.74	\$175.97	\$275.87	\$26.36	\$136.68	\$118.04	\$185.01	\$14.24	\$97.56	\$74.26	\$132.09	\$102.31	\$308.11	\$266.11	\$417.18
Part Time																
Gross Premium	\$343.94	\$701.68	\$636.34	\$997.48	\$323.47	\$659.92	\$598.45	\$938.05	\$284.66	\$580.73	\$526.64	\$825.49	\$391.32	\$798.34	\$723.98	\$1,134.87
College Contribution	(\$220.05)	(\$373.45)	(\$345.27)	(\$541.21)	(\$222.83)	(\$392.43)	(\$360.31)	(\$564.78)	(\$202.82)	(\$362.38)	(\$339.29)	(\$520.06)	(\$216.76)	(\$367.67)	(\$343.40)	(\$538.28)
Net Employee Cost	\$123.89	\$328.23	\$291.07	\$456.27	\$100.64	\$267.49	\$238.14	\$373.27	\$81.85	\$218.35	\$187.36	\$305.43	\$174.56	\$430.67	\$380.58	\$596.60
14-PAY PERIOD SCHEDULE																
	Blue Cross Blue Shield HMO				Blue Cross Blue Shield Value HMO				Blue Cross Blue Shield High Deductible (HDHP)				Blue Cross Blue Shield POS			
	Single	Employee + Spouse	Employee + Child(ren)	Family	Single	Employee + Spouse	Employee + Child(ren)	Family	Single	Employee + Spouse	Employee + Child(ren)	Family	Single	Employee + Spouse	Employee + Child(ren)	Family
Full Time																
Gross Premium	\$638.75	\$1,303.11	\$1,181.77	\$1,852.46	\$600.73	\$1,225.56	\$1,111.41	\$1,742.10	\$528.65	\$1,078.50	\$978.04	\$1,533.05	\$726.74	\$1,482.63	\$1,344.53	\$2,107.62
College Contribution	(\$544.89)	(\$924.73)	(\$854.95)	(\$1,340.13)	(\$551.78)	(\$971.73)	(\$892.19)	(\$1,398.50)	(\$502.21)	(\$897.32)	(\$840.13)	(\$1,287.76)	(\$536.73)	(\$910.43)	(\$850.33)	(\$1,332.87)
Net Employee Cost	\$93.86	\$378.37	\$326.81	\$512.33	\$48.96	\$253.83	\$219.22	\$343.60	\$26.44	\$181.18	\$137.91	\$245.31	\$190.01	\$572.20	\$494.20	\$774.77
Part Time																
Gross Premium	\$638.75	\$1,303.11	\$1,181.77	\$1,852.46	\$600.73	\$1,225.56	\$1,111.41	\$1,742.10	\$528.65	\$1,078.50	\$978.04	\$1,533.05	\$726.74	\$1,482.63	\$1,344.53	\$2,107.62
College Contribution	(\$408.67)	(\$693.55)	(\$641.21)	(\$1,005.10)	(\$413.84)	(\$728.80)	(\$669.14)	(\$1,048.88)	(\$376.66)	(\$672.99)	(\$630.10)	(\$965.82)	(\$402.55)	(\$682.82)	(\$637.75)	(\$999.65)
Net Employee Cost	\$230.08	\$609.56	\$540.56	\$847.36	\$186.89	\$496.76	\$442.27	\$693.22	\$151.99	\$405.51	\$347.94	\$567.23	\$324.19	\$799.81	\$706.78	\$1,107.97

NOTE 1: Your cost is deducted on a pre-tax basis.

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

Revised as of: 11/02/20



Dental, Vision & ID Theft Plans
2021 Premium Rates (effective January 1, 2021)

DENTAL, VISION & ID THEFT PLAN OPTIONS															
BI-WEEKLY PAY SCHEDULE															
	Single	Delta Dental High Plan			Single	Delta Dental Value Plan			Vision Plan				InfoArmour PrivacyArmour Plus		
		Employee + Spouse	Employee + Child(ren)	Family		Employee + Spouse	Employee + Child(ren)	Family	Single	Employee + Spouse	Employee + Child(ren)	Family	Single	Family	
Full Time															
Gross Premium	\$23.16	\$47.49	\$42.86	\$67.18	\$17.39	\$35.65	\$32.17	\$50.43	\$2.92	\$6.07	\$5.48	\$8.59	\$4.59	\$8.28	
College Contribution	(\$18.68)	(\$23.09)	(\$20.84)	(\$32.66)	(\$15.35)	(\$23.11)	(\$20.86)	(\$32.68)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Net Employee Cost	\$4.48	\$24.40	\$22.02	\$34.52	\$2.04	\$12.54	\$11.31	\$17.75	\$2.92	\$6.07	\$5.48	\$8.59	\$4.59	\$8.28	
Part Time															
Gross Premium	\$23.16	\$47.49	\$42.86	\$67.18	\$17.39	\$35.65	\$32.17	\$50.43	\$2.92	\$6.07	\$5.48	\$8.59	\$4.59	\$8.28	
College Contribution	(\$14.01)	(\$17.32)	(\$15.63)	(\$24.50)	(\$11.51)	(\$17.34)	(\$15.64)	(\$24.51)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Net Employee Cost	\$9.15	\$30.17	\$27.23	\$42.67	\$5.88	\$18.31	\$16.53	\$25.91	\$2.92	\$6.07	\$5.48	\$8.59	\$4.59	\$8.28	
14-PAY PERIOD SCHEDULE															
	Single	Delta Dental High Plan			Single	Delta Dental Value Plan			Vision Plan				InfoArmour PrivacyArmour Plus		
		Employee + Spouse	Employee + Child(ren)	Family		Employee + Spouse	Employee + Child(ren)	Family	Single	Employee + Spouse	Employee + Child(ren)	Family	Single	Family	
Full Time															
Gross Premium	\$43.02	\$88.20	\$79.59	\$124.77	\$32.30	\$66.21	\$59.74	\$93.65	\$5.42	\$11.28	\$10.18	\$15.95	\$8.53	\$15.39	
College Contribution	(\$34.69)	(\$42.88)	(\$38.70)	(\$60.66)	(\$28.51)	(\$42.93)	(\$38.73)	(\$60.69)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Net Employee Cost	\$8.33	\$45.32	\$40.89	\$64.11	\$3.79	\$23.28	\$21.01	\$32.96	\$5.42	\$11.28	\$10.18	\$15.95	\$8.53	\$15.39	
Part Time															
Gross Premium	\$43.02	\$88.20	\$79.59	\$124.77	\$32.30	\$66.21	\$59.74	\$93.65	\$5.42	\$11.28	\$10.18	\$15.95	\$8.53	\$15.39	
College Contribution	(\$26.02)	(\$32.16)	(\$29.03)	(\$45.50)	(\$21.38)	(\$32.20)	(\$29.05)	(\$45.52)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Net Employee Cost	\$17.00	\$56.04	\$50.56	\$79.27	\$10.92	\$34.01	\$30.69	\$48.13	\$5.42	\$11.28	\$10.18	\$15.95	\$8.53	\$15.39	

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