



**Health Plans**  
2023 Premium Rates (effective January 1, 2023)

<b>HEALTH PLAN OPTIONS</b>																
<b>BI-WEEKLY PAY SCHEDULE</b>																
	<b>Blue Cross Blue Shield HMO</b>				<b>Blue Cross Blue Shield Value HMO</b>				<b>Blue Cross Blue Shield High Deductible (HDHP)</b>				<b>Blue Cross Blue Shield POS &amp; PPO</b>			
	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
<b>Full Time</b>																
Gross Premium	\$377.25	\$769.64	\$697.97	\$1,094.08	\$354.80	\$723.83	\$656.42	\$1,028.91	\$312.23	\$636.98	\$577.64	\$905.44	\$429.22	\$875.66	\$794.10	\$1,244.79
College Contribution	\$324.19	\$555.70	\$513.19	\$804.42	\$327.12	\$580.32	\$532.46	\$834.64	\$297.28	\$534.53	\$499.68	\$766.76	\$321.79	\$552.15	\$514.69	\$806.76
<b>Net Employee Cost</b>	<b>\$53.06</b>	<b>\$213.94</b>	<b>\$184.78</b>	<b>\$289.66</b>	<b>\$27.68</b>	<b>\$143.51</b>	<b>\$123.96</b>	<b>\$194.27</b>	<b>\$14.95</b>	<b>\$102.45</b>	<b>\$77.96</b>	<b>\$138.68</b>	<b>\$107.43</b>	<b>\$323.51</b>	<b>\$279.41</b>	<b>\$438.03</b>
<b>Part Time</b>																
Gross Premium	\$377.25	\$769.64	\$697.97	\$1,094.08	\$354.80	\$723.83	\$656.42	\$1,028.91	\$312.23	\$636.98	\$577.64	\$905.44	\$429.22	\$875.66	\$794.10	\$1,244.79
College Contribution	\$243.14	\$416.78	\$384.89	\$603.32	\$245.34	\$435.24	\$399.35	\$625.98	\$222.96	\$400.90	\$374.76	\$575.07	\$241.34	\$414.11	\$386.02	\$605.07
<b>Net Employee Cost</b>	<b>\$134.11</b>	<b>\$352.87</b>	<b>\$313.08</b>	<b>\$490.77</b>	<b>\$109.46</b>	<b>\$288.59</b>	<b>\$257.08</b>	<b>\$402.93</b>	<b>\$89.27</b>	<b>\$236.08</b>	<b>\$202.88</b>	<b>\$330.37</b>	<b>\$187.88</b>	<b>\$461.55</b>	<b>\$408.08</b>	<b>\$639.72</b>
<b>14-PAY PERIOD SCHEDULE</b>																
	<b>Blue Cross Blue Shield HMO</b>				<b>Blue Cross Blue Shield Value HMO</b>				<b>Blue Cross Blue Shield High Deductible (HDHP)</b>				<b>Blue Cross Blue Shield POS &amp; PPO</b>			
	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
<b>Full Time</b>																
Gross Premium	\$700.62	\$1,429.32	\$1,296.23	\$2,031.87	\$658.92	\$1,344.26	\$1,219.06	\$1,910.83	\$579.85	\$1,182.96	\$1,072.77	\$1,681.53	\$797.12	\$1,626.23	\$1,474.75	\$2,311.75
College Contribution	\$602.07	\$1,032.01	\$953.07	\$1,493.92	\$607.51	\$1,077.74	\$988.85	\$1,550.05	\$552.09	\$992.70	\$927.98	\$1,423.98	\$597.61	\$1,025.42	\$955.85	\$1,498.27
<b>Net Employee Cost</b>	<b>\$98.55</b>	<b>\$397.31</b>	<b>\$343.16</b>	<b>\$537.95</b>	<b>\$51.41</b>	<b>\$266.52</b>	<b>\$230.21</b>	<b>\$360.78</b>	<b>\$27.76</b>	<b>\$190.26</b>	<b>\$144.79</b>	<b>\$257.55</b>	<b>\$199.51</b>	<b>\$600.81</b>	<b>\$518.90</b>	<b>\$813.48</b>
<b>Part Time</b>																
Gross Premium	\$700.62	\$1,429.32	\$1,296.23	\$2,031.87	\$658.92	\$1,344.26	\$1,219.06	\$1,910.83	\$579.85	\$1,182.96	\$1,072.77	\$1,681.53	\$797.12	\$1,626.23	\$1,474.75	\$2,311.75
College Contribution	\$451.55	\$774.01	\$714.80	\$1,120.44	\$455.63	\$808.31	\$741.64	\$1,162.54	\$414.07	\$744.53	\$695.99	\$1,067.99	\$448.21	\$769.07	\$716.89	\$1,123.70
<b>Net Employee Cost</b>	<b>\$249.07</b>	<b>\$655.31</b>	<b>\$581.43</b>	<b>\$911.43</b>	<b>\$203.29</b>	<b>\$535.95</b>	<b>\$477.42</b>	<b>\$748.29</b>	<b>\$165.78</b>	<b>\$438.43</b>	<b>\$376.78</b>	<b>\$613.54</b>	<b>\$348.91</b>	<b>\$857.16</b>	<b>\$757.86</b>	<b>\$1,188.05</b>

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.

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

Revised as of:

06/05/23



**Dental, Vision & ID Theft Plans**  
2023 Premium Rates (effective January 1, 2023)

<b>DENTAL, VISION &amp; ID THEFT PLAN OPTIONS</b>														
<b>BI-WEEKLY PAY SCHEDULE</b>														
	<b>Delta Dental High Plan</b>				<b>Delta Dental Value Plan</b>				<b>Vision Plan</b>				<b>Allstate PrivacyArmour Plus</b>	
	Single	Employee + Spouse	Employee + Child(ren)	Family	Single	Employee + Spouse	Employee + Child(ren)	Family	Single	Employee + Spouse	Employee + Child(ren)	Family	Single	Family
<b>Full Time</b>														
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
<b>Net Employee Cost</b>	<b>\$4.48</b>	<b>\$24.39</b>	<b>\$22.02</b>	<b>\$34.52</b>	<b>\$2.04</b>	<b>\$12.54</b>	<b>\$11.31</b>	<b>\$17.75</b>	<b>\$3.27</b>	<b>\$6.82</b>	<b>\$6.15</b>	<b>\$9.64</b>	<b>\$4.59</b>	<b>\$8.28</b>
<b>Part Time</b>														
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
<b>Net Employee Cost</b>	<b>\$9.15</b>	<b>\$30.17</b>	<b>\$27.23</b>	<b>\$42.67</b>	<b>\$5.88</b>	<b>\$18.31</b>	<b>\$16.53</b>	<b>\$25.91</b>	<b>\$3.27</b>	<b>\$6.82</b>	<b>\$6.15</b>	<b>\$9.64</b>	<b>\$4.59</b>	<b>\$8.28</b>
<b>14-PAY PERIOD SCHEDULE</b>														
	<b>Delta Dental High Plan</b>				<b>Delta Dental Value Plan</b>				<b>Vision Plan</b>				<b>Allstate PrivacyArmour Plus</b>	
	Single	Employee + Spouse	Employee + Child(ren)	Family	Single	Employee + Spouse	Employee + Child(ren)	Family	Single	Employee + Spouse	Employee + Child(ren)	Family	Single	Family
<b>Full Time</b>														
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
<b>Net Employee Cost</b>	<b>\$8.33</b>	<b>\$45.32</b>	<b>\$40.89</b>	<b>\$64.11</b>	<b>\$3.79</b>	<b>\$23.28</b>	<b>\$21.01</b>	<b>\$32.96</b>	<b>\$6.08</b>	<b>\$12.66</b>	<b>\$11.43</b>	<b>\$17.90</b>	<b>\$8.53</b>	<b>\$15.39</b>
<b>Part Time</b>														
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
<b>Net Employee Cost</b>	<b>\$17.00</b>	<b>\$56.04</b>	<b>\$50.56</b>	<b>\$79.27</b>	<b>\$10.92</b>	<b>\$34.01</b>	<b>\$30.69</b>	<b>\$48.13</b>	<b>\$6.08</b>	<b>\$12.66</b>	<b>\$11.43</b>	<b>\$17.90</b>	<b>\$8.53</b>	<b>\$15.39</b>

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.

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