

HEALTH	PLAN OPTIONS																
BI-WEEKLY PAY SCHEDULE																	
			Blue Cross Blue			Blue Cross Blue Shield Value HMO					ross Blue Shield	U	· · ·			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					* / • • • • • •	* • • • • • •			• (• • • • • (AA (A AA	* • • • • • •	• • •		* (* * *			
	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
	Net Employee Cost	\$53.06	\$213.94	\$184.78	\$289.66	\$27.68	\$143.51	\$123.96	\$194.27	\$14.95	\$102.45	\$77.96	\$138.68	\$107.43	\$323.51	\$279.41	\$438.03
Part Time																	
	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
	Net Employee Cost	\$134.11	\$352.87	\$313.08	\$490.77	\$109.46	\$288.59	\$257.08	\$402.93	\$89.27	\$236.08	\$202.88	\$330.37	\$187.88	\$461.55	\$408.08	\$639.72
	RIOD SCHEDULE																
				ue Shield HMO		E		Shield Value I	IMO	Blue C	cross Blue Shield	•	le (HDHP)	BI		Shield POS &	РРО
		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	\$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
	Gross Premium College Contribution	\$700.62 \$602.07	\$1,429.32 \$1,032.01	\$1,296.23 \$953.07	\$2,031.87 \$1,493.92	\$658.92 \$607.51	\$1,344.26 \$1,077.74	\$1,219.06 \$988.85	\$1,910.83 \$1,550.05	\$579.85 \$552.09	\$1,182.96 \$992.70	\$1,072.77 \$927.98	\$1,681.53 \$1,423.98	\$797.12 \$597.61	\$1,626.23 \$1,025.42	\$1,474.75 \$955.85	\$2,311.75 \$1,498.27
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Part Time	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
Part Time	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
Part Time	College Contribution Net Employee Cost	\$602.07 \$98.55	\$1,032.01 \$397.31	\$953.07 \$343.16	\$1,493.92 \$537.95	\$607.51 \$51.41	\$1,077.74 \$266.52	\$988.85 \$230.21	\$1,550.05 \$360.78	\$552.09 \$27.76	\$992.70 \$190.26	\$927.98 \$144.79	\$1,423.98 \$257.55	\$597.61 \$199.51	\$1,025.42 \$600.81	\$955.85 \$518.90	\$1,498.27 \$813.48
Part Time	College Contribution Net Employee Cost Gross Premium	\$602.07 \$98.55 \$700.62	\$1,032.01 \$397.31 \$1,429.32	\$953.07 \$343.16 \$1,296.23	\$1,493.92 \$537.95 \$2,031.87	\$607.51 \$51.41 \$658.92	\$1,077.74 \$266.52 \$1,344.26	\$988.85 \$230.21 \$1,219.06	\$1,550.05 \$360.78 \$1,910.83	\$552.09 \$27.76 \$579.85	\$992.70 \$190.26 \$1,182.96	\$927.98 \$144.79 \$1,072.77	\$1,423.98 \$257.55 \$1,681.53	\$597.61 \$199.51 \$797.12	\$1,025.42 \$600.81 \$1,626.23	\$955.85 \$518.90 \$1,474.75	\$1,498.27 \$813.48 \$2,311.75

HEALTH	PLAN OPTIONS																
BI-WEEKL	Y PAY SCHEDULE																
			Blue Cross Blue	e Shield HMO		Blue Cross Blue Shield Value HMO				Blue C	cross Blue Shield	High Deductik	ole (HDHP)	BI	ue Cross Blue	Shield POS &	РРО
		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	\$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
	Net Employee Cost	\$53.06	\$213.94	\$184.78	\$289.66	\$27.68	\$143.51	\$123.96	\$194.27	\$14.95	\$102.45	\$77.96	\$138.68	\$107.43	\$323.51	\$279.41	\$438.03
Part Time																	
	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
	Net Employee Cost	\$134.11	\$352.87	\$313.08	\$490.77	\$109.46	\$288.59	\$257.08	\$402.93	\$89.27	\$236.08	\$202.88	\$330.37	\$187.88	\$461.55	\$408.08	\$639.72
14-PAY PF	RIOD SCHEDULE																
			Blue Cross Bl	ue Shield HMC	h		Ruo Croco Pluo	Shield Value		Blue C	cross Blue Shield	High Doductik		B	ue Cross Blue	Shield DOS &	DD∩
		Single	Employee + Spouse	Employee +	Family	Single	Employee +	Employee +	Family	Single	Employee + Spouse	Employee +	Family	Single	Employee +	Employee +	Family
Full Time		Olligie		Child(ren)	T anny	Unigie	Spouse	Child(ren)	T anniy	ongie		Child(ren)	i anny	Olligie	Spouse	Child(ren)	i anny
	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
	Net Employee Cost	\$98.55	\$397.31	\$343.16	\$537.95	\$51.41	\$266.52	\$230.21	\$360.78	\$27.76	\$190.26	\$144.79	\$257.55	\$199.51	\$600.81	\$518.90	\$813.48
Part Time																	
	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
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NOTE 1: Your cost is deducted on a <u>pre-tax</u> 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.

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

Revised as of:

06/05/23



DENTAL, VISION & ID	THEFT PLAN OF	PTIONS												
Full Time Status Collage Contribution \$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 \$50.00 \$0.00														
		Delta Dental	High Plan			Delta Dent	al Value Plan						Allstate Priva	cyArmour Plus
	Single	Employee + Spouse		Family	Single			Family	Single	Employee + Spouse		Family	Single	Family
Full Time			onnarenn			obouse	omarcin				omuten			
Gross Pre	mium \$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 Contrib	oution \$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
Net Employee	Cost \$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
Part Time														
Gross Pre	mium \$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 Contrib	oution \$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
Net Employee	Cost \$9.15	\$30.17	\$27.23	\$42.67	\$5.88	\$18.31	\$16.53	\$25.91	\$3.27	\$6.82	\$6.15	\$9.64	\$4.59	\$8.28
14-PAY PERIOD SCHEDULE														
		Delta Dental	High Plan			Delta Dent	al Value Plan			Vision	Plan		Allstate Priva	cyArmour Plus
	Single	Employee + Spouse		Family	Single			Family	Single	Employee + Spouse		Family	Single	Family
- Full Time	onigio		Child(ren)	. anny	Unigio	Spouse	Child(ren)	i unity	ongio		Child(ren)	i unity	ongio	i anny
Gross Pre	mium \$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 Contrib	ution \$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
Net Employee	Cost \$8.33	\$45.32	\$40.89	\$64.11	\$3.79	\$23.28	\$21.01	\$32.96	\$6.08	\$12.66	\$11.43	\$17.90	\$8.53	\$15.39
Part Time														
Gross Pre	mium \$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 Contrib	ution \$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
Net Employee	Cost \$17.00	\$56.04	\$50.56	\$79.27	\$10.92	\$34.01	\$30.69	\$48.13	\$6.08	\$12.66	\$11.43	\$17.90	\$8.53	\$15.39

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Dental, Vision & ID Theft Plans

2023 Premium Rates (effective January 1, 2023)

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