Faculty & Staff Medical Insurance Rates
Plan Year 2018

BCBS Healthmate Coast-to-Coast and UnitedHealth Care Choice Plus

<table>
<thead>
<tr>
<th>Salary</th>
<th>Employee Only</th>
<th>Employee + Spouse</th>
<th>Employee + Child(ren)</th>
<th>Employee + Spouse + Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to &amp; incl. $37,000</td>
<td>$34.95</td>
<td>$75.45</td>
<td>$68.14</td>
<td>$90.89</td>
</tr>
<tr>
<td>$37,001 - $42,000</td>
<td>$52.43</td>
<td>$130.69</td>
<td>$118.02</td>
<td>$157.43</td>
</tr>
<tr>
<td>$42,001 - $47,000</td>
<td>$69.90</td>
<td>$185.92</td>
<td>$167.90</td>
<td>$223.96</td>
</tr>
<tr>
<td>$47,001 - $52,000</td>
<td>$87.38</td>
<td>$241.15</td>
<td>$217.78</td>
<td>$290.49</td>
</tr>
<tr>
<td>$52,001 - $57,000</td>
<td>$104.85</td>
<td>$296.39</td>
<td>$267.66</td>
<td>$357.03</td>
</tr>
<tr>
<td>$57,001 - $62,000</td>
<td>$122.33</td>
<td>$351.62</td>
<td>$317.53</td>
<td>$423.56</td>
</tr>
<tr>
<td>$62,001 - $67,000</td>
<td>$139.80</td>
<td>$406.85</td>
<td>$367.41</td>
<td>$490.10</td>
</tr>
<tr>
<td>$67,001 - $72,000</td>
<td>$157.28</td>
<td>$462.08</td>
<td>$417.29</td>
<td>$556.63</td>
</tr>
<tr>
<td>$72,001 - $77,000</td>
<td>$157.28</td>
<td>$517.32</td>
<td>$467.17</td>
<td>$623.16</td>
</tr>
<tr>
<td>$82,001 - $87,000</td>
<td>$157.28</td>
<td>$528.18</td>
<td>$476.98</td>
<td>$636.25</td>
</tr>
<tr>
<td>$87,001 - $92,000</td>
<td>$160.77</td>
<td>$528.18</td>
<td>$476.98</td>
<td>$636.25</td>
</tr>
<tr>
<td>$92,001 - $97,000</td>
<td>$160.77</td>
<td>$543.27</td>
<td>$490.61</td>
<td>$654.43</td>
</tr>
<tr>
<td>$97,001 - $102,000</td>
<td>$164.27</td>
<td>$543.27</td>
<td>$490.61</td>
<td>$654.43</td>
</tr>
<tr>
<td>$102,001 - $107,000</td>
<td>$164.27</td>
<td>$558.36</td>
<td>$504.24</td>
<td>$672.61</td>
</tr>
<tr>
<td>$107,001 - $125,000</td>
<td>$167.76</td>
<td>$558.36</td>
<td>$504.24</td>
<td>$672.61</td>
</tr>
<tr>
<td>$125,001 and above</td>
<td>$174.75</td>
<td>$573.45</td>
<td>$517.87</td>
<td>$690.79</td>
</tr>
</tbody>
</table>

UnitedHealth Care Choice Plus Consumer Directed Health Plan

<table>
<thead>
<tr>
<th>Salary</th>
<th>Employee Only</th>
<th>Employee + Spouse</th>
<th>Employee + Child(ren)</th>
<th>Employee + Spouse + Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$519.79</td>
<td>$1,122.18</td>
<td>$1,013.40</td>
<td>$1,351.77</td>
<td>$1,378.81</td>
</tr>
<tr>
<td>$530.19</td>
<td>$1,144.62</td>
<td>$1,033.67</td>
<td>$1,378.81</td>
<td></td>
</tr>
</tbody>
</table>

Monthly Health Insurance Contributions for Faculty & Staff Working 1300+ hrs/yr *

*Capped and Uncapped Faculty should contact the Benefits Office for contribution information
### Monthly Health Insurance Contributions for Part Time Faculty & Staff
- **Working from 975 - 1299 hours per year**
  - **Employee Only**
    - BCBS/UHC: $349.50
    - CDHP: $259.89
  - **Employee + 1**
    - BCBS/UHC: $754.54
    - CDHP: $561.09
  - **Employee + 2 or More**
    - BCBS/UHC: $681.41
    - CDHP: $506.70

### Monthly Health Insurance Contributions for Faculty & Staff
- **Working under 975 - 1299 & Visiting/Adjunct Faculty**
  - **Employee Only**
    - BCBS/UHC: $699.00
    - CDHP: $519.79
  - **Employee + Spouse**
    - BCBS/UHC: $1,509.09
    - CDHP: $1,122.18
  - **Employee + Child(ren)**
    - BCBS/UHC: $1,362.81
    - CDHP: $1,013.40

### Delta Dental Insurance
- **Monthly Contributions for Full Time Faculty & Staff (working more than 1299 hrs per year)**
  - **Comprehensive Plan**
    - Employee Only: $17.67
    - Employee + 1: $46.50
    - Employee + 2 or More: $81.87
  - **Plus Plan**
    - Employee Only: $26.64
    - Employee + 1: $70.25
    - Employee + 2 or More: $118.66

### Monthly Contributions for Part Time Faculty & Staff (working more 975 - 1299 hrs per year)
- **Comprehensive Plan**
  - Employee Only: $26.51
  - Employee + 1: $55.34
  - Employee + 2 or More: $90.71
- **Plus Plan**
  - Employee Only: $35.48
  - Employee + 1: $79.09
  - Employee + 2 or More: $127.50

### Monthly Contributions for Faculty & Staff (working under 975 hrs per year)
- **Comprehensive Plan**
  - Employee Only: $35.34
  - Employee + 1: $64.17
  - Employee + 2 or More: $99.54
- **Plus Plan**
  - Employee Only: $44.31
  - Employee + 1: $87.92
  - Employee + 2 or More: $136.33

### Monthly Contributions for coverage under COBRA
- **Comprehensive Plan**
  - Employee Only: $36.05
  - Employee + 1: $65.45
  - Employee + 2 or More: $101.53
- **Plus Plan**
  - Employee Only: $45.20
  - Employee + 1: $89.68
  - Employee + 2 or More: $139.05

### VSP Vision Insurance
- **Monthly Contributions for all Faculty and Staff**
  - **Employee Only**
    - $6.60
  - **Employee + 1**
    - $13.24
  - **Employee + 2 or More**
    - $21.26

- **Monthly Contributions for coverage under COBRA**
  - **Employee Only**
    - $6.73
  - **Employee + 1**
    - $13.50
  - **Employee + 2 or More**
    - $21.69