



Health Plans

2024 Premium Rates (effective January 1, 2024)

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 PPO			
	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	\$400.45	\$816.95	\$740.88	\$1,161.35	\$376.62	\$768.33	\$696.77	\$1,092.16	\$331.42	\$676.14	\$613.15	\$961.11	\$455.61	\$929.50	\$842.92	\$1,321.32
College Contribution	\$344.12	\$589.86	\$544.74	\$853.88	\$347.23	\$615.99	\$565.20	\$885.96	\$315.55	\$567.39	\$530.40	\$813.90	\$341.58	\$586.09	\$546.33	\$856.35
Net Employee Cost	\$56.33	\$227.09	\$196.14	\$307.47	\$29.39	\$152.34	\$131.57	\$206.20	\$15.87	\$108.75	\$82.75	\$147.21	\$114.03	\$343.41	\$296.59	\$464.97
Part Time																
Gross Premium	\$400.45	\$816.95	\$740.88	\$1,161.35	\$376.62	\$768.33	\$696.77	\$1,092.16	\$331.42	\$676.14	\$613.15	\$961.11	\$455.61	\$929.50	\$842.92	\$1,321.32
College Contribution	\$258.09	\$442.40	\$408.56	\$640.41	\$260.42	\$461.99	\$423.90	\$664.47	\$236.66	\$425.54	\$397.80	\$610.43	\$256.19	\$439.57	\$409.75	\$642.26
Net Employee Cost	\$142.36	\$374.55	\$332.32	\$520.94	\$116.20	\$306.34	\$272.87	\$427.69	\$94.76	\$250.60	\$215.35	\$350.68	\$199.42	\$489.93	\$433.17	\$679.06
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 PPO			
	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	\$743.69	\$1,517.19	\$1,375.91	\$2,156.79	\$699.44	\$1,426.90	\$1,294.00	\$2,028.30	\$615.50	\$1,255.68	\$1,138.71	\$1,784.91	\$846.13	\$1,726.21	\$1,565.42	\$2,453.87
College Contribution	\$639.08	\$1,095.45	\$1,011.66	\$1,585.78	\$644.86	\$1,143.98	\$1,049.66	\$1,645.35	\$586.02	\$1,053.72	\$985.03	\$1,511.53	\$634.36	\$1,088.45	\$1,014.61	\$1,590.36
Net Employee Cost	\$104.61	\$421.74	\$364.25	\$571.01	\$54.58	\$282.92	\$244.34	\$382.95	\$29.48	\$201.96	\$153.68	\$273.38	\$211.77	\$637.76	\$550.81	\$863.51
Part Time																
Gross Premium	\$743.69	\$1,517.19	\$1,375.91	\$2,156.79	\$699.44	\$1,426.90	\$1,294.00	\$2,028.30	\$615.50	\$1,255.68	\$1,138.71	\$1,784.91	\$846.13	\$1,726.21	\$1,565.42	\$2,453.87
College Contribution	\$479.31	\$821.59	\$758.75	\$1,189.34	\$483.65	\$857.99	\$787.25	\$1,234.01	\$439.52	\$790.29	\$738.77	\$1,133.65	\$475.77	\$816.34	\$760.96	\$1,192.77
Net Employee Cost	\$264.38	\$695.60	\$617.16	\$967.45	\$215.79	\$568.91	\$506.75	\$794.29	\$175.98	\$465.39	\$399.94	\$651.26	\$370.36	\$909.87	\$804.46	\$1,261.10

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:

10/20/23



Dental, Vision & ID Theft Plans
2024 Premium Rates (effective January 1, 2024)

DENTAL, VISION & ID THEFT PLAN OPTIONS														
BI-WEEKLY PAY SCHEDULE														
	Delta Dental High Plan				Delta Dental Value Plan				Vision Plan				Allstate PrivacyArmour Plus	
	Single	Employee + Spouse	Employee + Child(ren)	Family	Single	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	\$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
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 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
Net Employee Cost	\$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
14-PAY PERIOD SCHEDULE														
	Delta Dental High Plan				Delta Dental Value Plan				Vision Plan				Allstate PrivacyArmour Plus	
	Single	Employee + Spouse	Employee + Child(ren)	Family	Single	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	\$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
Net Employee Cost	\$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
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
Net Employee Cost	\$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: 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.