



Health Plans

2025 Premium Rates (effective January 1, 2025)

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	\$418.43	\$853.63	\$774.14	\$1,213.49	\$393.53	\$802.83	\$728.05	\$1,141.19	\$346.30	\$706.49	\$640.68	\$1,004.26	\$476.06	\$971.23	\$880.76	\$1,380.64
College Contribution	\$358.16	\$610.64	\$564.27	\$884.50	\$362.08	\$639.83	\$587.27	\$920.56	\$329.32	\$590.13	\$552.14	\$846.75	\$354.05	\$603.78	\$563.41	\$883.12
Net Employee Cost	\$60.27	\$242.99	\$209.87	\$328.99	\$31.45	\$163.00	\$140.78	\$220.63	\$16.98	\$116.36	\$88.54	\$157.51	\$122.01	\$367.45	\$317.35	\$497.52
Part Time																
Gross Premium	\$418.43	\$853.63	\$774.14	\$1,213.49	\$393.53	\$802.83	\$728.05	\$1,141.19	\$346.30	\$706.49	\$640.68	\$1,004.26	\$476.06	\$971.23	\$880.76	\$1,380.64
College Contribution	\$268.62	\$457.98	\$423.20	\$663.37	\$271.56	\$479.87	\$440.45	\$690.42	\$246.99	\$442.60	\$414.10	\$635.06	\$265.54	\$452.84	\$422.56	\$662.34
Net Employee Cost	\$149.81	\$395.65	\$350.94	\$550.12	\$121.97	\$322.96	\$287.60	\$450.77	\$99.31	\$263.89	\$226.58	\$369.20	\$210.52	\$518.39	\$458.20	\$718.30
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	\$777.08	\$1,585.31	\$1,437.68	\$2,253.62	\$730.84	\$1,490.96	\$1,352.10	\$2,119.36	\$643.13	\$1,312.05	\$1,189.84	\$1,865.05	\$884.12	\$1,803.71	\$1,635.70	\$2,564.04
College Contribution	\$665.15	\$1,134.05	\$1,047.93	\$1,642.64	\$672.44	\$1,188.25	\$1,090.64	\$1,709.60	\$611.59	\$1,095.95	\$1,025.40	\$1,572.53	\$657.52	\$1,121.31	\$1,046.33	\$1,640.08
Net Employee Cost	\$111.93	\$451.26	\$389.75	\$610.98	\$58.40	\$302.71	\$261.46	\$409.76	\$31.54	\$216.10	\$164.44	\$292.52	\$226.60	\$682.40	\$589.37	\$923.96
Part Time																
Gross Premium	\$777.08	\$1,585.31	\$1,437.68	\$2,253.62	\$730.84	\$1,490.96	\$1,352.10	\$2,119.36	\$643.13	\$1,312.05	\$1,189.84	\$1,865.05	\$884.12	\$1,803.71	\$1,635.70	\$2,564.04
College Contribution	\$498.86	\$850.54	\$785.95	\$1,231.98	\$504.33	\$891.19	\$817.98	\$1,282.20	\$458.69	\$821.96	\$769.05	\$1,179.40	\$493.14	\$840.98	\$784.75	\$1,230.06
Net Employee Cost	\$278.22	\$734.77	\$651.73	\$1,021.64	\$226.51	\$599.77	\$534.12	\$837.16	\$184.44	\$490.09	\$420.79	\$685.65	\$390.98	\$962.73	\$850.95	\$1,333.98

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

Revised as of: 11/07/24

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.



Dental, Vision & ID Theft Plans

2025 Premium Rates (effective January 1, 2025)

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	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	\$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	\$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	\$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	\$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	\$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	\$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	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	\$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	\$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	\$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	\$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	\$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	\$8.53	\$15.39

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

Revised as of: 11/07/24

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