

MEDICAL INSURANCE

Option	Employee Only A	Employee and Spouse B	Employee and Child(ren) C	Employee and Family D
1. No Coverage	\$0	\$0	\$0	\$0
2. BCBS Low	\$336.75	\$654.40	\$497.60	\$870.55
3. BCBS Basic	431.75	847.40	666.60	1,142.55
4. BCBS High	547.75	1,098.40	940.60	1,487.55
5. BCBS Qualifying High Deductible	336.75	654.40	509.60	870.55

*Price tags are not applicable if you have a spouse employed at the university, in which case, your Campus Benefits Office should be contacted.

DENTAL INSURANCE

Option	Employee Only A	Employee and Spouse B	Employee and Child(ren) C	Employee and Family D
1. No Coverage	\$0	\$0	\$0	\$0