

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 | \$280.25 | \$518.00 | \$396.00 | \$679.25 |
| 3. BCBS Basic | 375.25 | 711.00 | 565.00 | 951.25 |
| 4. BCBS High | 491.25 | 962.00 | 839.00 | 1,296.25 |
| 5. BCBS Qualifying High Deductible | 280.25 | 518.00 | 408.00 | 679.25 |

*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 |
| 2. BCBS | \$20.75 | \$33.75 | \$36.50 | \$56.00 |

VISION CARE 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. EyeMed Vision Care | \$8.46 | \$18.58 | \$18.58 | \$23.31.225 TD[2. BCBS |