

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	\$167.25	\$245.20	\$192.80	\$296.65
3. BCBS Basic	262.25	438.20	361.80	568.65
4. BCBS High	378.25	689.20	635.80	913.65
5. BCBS Qualifying High Deductible	167.25	245.20	204.80	296.65

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

Price tags **do not** NUC..gBenacted.

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	\$17.75	\$26.75	\$28.10	\$43.20

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	\$23.30

LONG TERM DISABILITY INSURANCE

Option

1. No Coverage	\$0
2. 50% income replacement – 180 day elimination period	.00232 x Monthly Gross Salary
3. 66 2/3% income replacement – 180 day elimination period	.00424 x Monthly Gross Salary
4. 50% income replacement – 90 day elimination period	.0028 x Monthly Gross Salary
5. 66 2/3% income replacement – 90 day elimination period	.0052 x Monthly Gross Salary

Please contact your Campus Benefits Office should you need any assistance calculating your price tag.