

2020 EMPLOYEE COST SHEET

Please review the contributions below before enrolling in a plan.

MEDICAL INSURANCE

The College offers you and your eligible dependents a choice of different medical plans. Select the one that best meets the needs of you and your family.

PER PAY PERIOD	HIGHMARK BLUE CROSS BLUE SHIELD		
	PPOBLUE	PPOBLUE HDHP	WAIVER BONUS
	24-PAY	24-PAY	24-PAY
Single	\$70.96	\$51.99	- 27.61
2-Party	\$173.14	\$138.52	- 67.00
Family	\$188.04	\$150.44	- 73.00

Please Note: If you have a spouse covered under your medical plan and he/she is eligible for medical coverage under another employer's plan, as either an active employee or retiree, you will be charged an additional \$50 per pay.

DENTAL INSURANCE

PER PAY PERIOD	DELTA DENTAL
	24-PAY
Single	\$1.82
2-Party	\$3.68
Family	\$5.62

VISION INSURANCE

PER PAY PERIOD	NVA
	24-PAY
Single	\$0.22
Family	\$0.63

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PER PAY PERIOD	HIGHMARK BLUE CROSS BLUE SHIELD		
	PPOBLUE	PPOBLUE HDHP	WAIVER BONUS
	20-PAY	20-PAY	20-PAY
Single	\$85.15	\$62.39	- \$33.13
2-Party	\$207.77	\$166.22	- \$80.39
Family	\$225.65	\$180.52	- \$87.60

Please Note: If you have a spouse covered under your medical plan and he/she is eligible for medical coverage under another employer's plan, as either an active employee or retiree, you will be charged an additional \$60 per pay.

DENTAL INSURANCE

PER PAY PERIOD	DELTA DENTAL
	20-PAY
Single	\$2.18
2-Party	\$4.42
Family	\$6.74

VISION INSURANCE

PER PAY PERIOD	NVA
	20-PAY
Single	\$0.27
Family	\$0.75

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PER PAY PERIOD	HIGHMARK BLUE CROSS BLUE SHIELD		
	PPOBLUE	PPOBLUE HDHP	WAIVER BONUS
	17-PAY	17-PAY	17-PAY
Single	\$100.18	\$73.40	- \$38.97
2-Party	\$244.43	\$195.55	- \$94.58
Family	\$265.47	\$212.38	- \$103.06

Please Note: If you have a spouse covered under your medical plan and he/she is eligible for medical coverage under another employer's plan, as either an active employee or retiree, you will be charged an additional \$70.59 per pay.

DENTAL INSURANCE

PER PAY PERIOD	DELTA DENTAL
	17-PAY
Single	\$2.56
2-Party	\$5.20
Family	\$7.93

VISION INSURANCE

PER PAY PERIOD	NVA
	17-PAY
Single	\$0.31
Family	\$0.89

