

MONTHLY MEDICAL INSURANCE RATES

PLAN NAME	Nov 1, 2020 - Oct 31, 2021 EMPLOYEE CONTRIBUTION	Prior Year Nov 1, 2019 - Oct 31, 2020 EMPLOYEE CONTRIBUTION
PERSONAL CHOICE PPO HIGH DEDUCTIBLE		
SINGLE COVERAGE	(\$126.61) *	(\$120.42) *
PARENT/CHILDREN COVERAGE	(209.17) *	(198.93) *
EMPLOYEE/SPOUSE COVERAGE	(69.83) *	(66.41) *
FAMILY COVERAGE	217.41	206.77
KEYSTONE HMO		
SINGLE COVERAGE	\$14.00	\$13.31
PARENT/CHILDREN COVERAGE	36.65	34.85
EMPLOYEE/SPOUSE COVERAGE	249.40	237.19
FAMILY COVERAGE	626.73	596.05
KEYSTONE POS		
SINGLE COVERAGE	\$44.87	\$42.67
PARENT/CHILDREN COVERAGE	91.77	87.28
EMPLOYEE/SPOUSE COVERAGE	320.55	304.86
FAMILY COVERAGE	717.47	682.35
PERSONAL CHOICE PPO		
SINGLE COVERAGE	\$130.45	\$124.06
PARENT/CHILDREN COVERAGE	248.37	236.21
EMPLOYEE/SPOUSE COVERAGE	520.36	494.89
FAMILY COVERAGE	969.76	922.29

In aggregate, the College will pay approximately 90% of the total insurance premium cost over the course of the upcoming benefit year on behalf of our employees.

Since the dollar amount the College pays is the same across plans, when measured by percentages, the College's share of the premium cost varies from 63% to 120% depending on the employee's choice of plan and coverage type. Below is the amount of the College's monthly subsidy for each employee:

ALL PLANS		
SINGLE	\$	757.73
PARENT/CHILDREN	\$	1,337.40
EMPLOYEE/SPOUSE	\$	1,523.05
FAMILY	\$	1,632.93

* A negative amount as the employee contribution means the College pays the employee this amount monthly in their paycheck. An employee may choose to use this or any amount of money to fund a Health Savings Account (HSA) or a Flexible Spending Account (FSA) from which out-of-pocket medical expenses (co-pays, deductibles, co-insurance) can be paid. Additional information about how to create and fund an HSA or FSA account can be found on the Human Resources website or by contacting the HR office.

MONTHLY DENTAL AND LIFE INSURANCE RATES

NOVEMBER 1, 2020 - OCTOBER 31, 2021

DENTAL

Dental insurance premium rates are unchanged from last year. The College will pay \$28.27 toward each employee's dental insurance premium, regardless of coverage level.

	EMPLOYEE CONTRIBUTION
SINGLE COVERAGE	\$0.00
PARENT/CHILD COVERAGE	32.15
PARENT/CHILDREN COVERAGE	66.22
EMPLOYEE/SPOUSE COVERAGE	32.15
FAMILY COVERAGE	66.22

SUPPLEMENTAL LIFE (for employees or spouses)

	RATES PER \$10,000 OF COVERAGE PER MONTH
AGE AS OF NOVEMBER 1, 2020	
Under 30	\$0.72
30-34	0.83
35-39	1.12
40-44	1.78
45-49	2.99
50-54	4.77
55-59	7.57
60-64	9.54
65-69	15.24
70-74	26.93
Over 74	45.63

DEPENDENT CHILD LIFE (for children ages 15 days to 26 years old)

	RATES PER MONTH
BENEFIT AMOUNT	
\$5,000	\$0.60
\$10,000	1.20