

Faculty Monthly Insurance Rates
October 1, 2016 - September 30, 2017

Birch Medical, Dental 1, Opal Vision						PPO Network	
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$613.03	\$63.46	\$21.92	\$11.28	\$709.69	\$698.41	\$11.28
EE + Sp/Partner	\$1,348.64	\$125.71	\$48.20	\$11.28	\$1,533.83	\$1,522.55	\$11.28
EE + Child(ren)	\$1,164.75	\$139.80	\$41.62	\$11.28	\$1,357.45	\$1,346.17	\$11.28
Full Family	\$1,900.39	\$207.02	\$67.92	\$11.28	\$2,186.61	\$2,175.33	\$11.28

Birch Medical, Dental 4, Opal Vision						PPO Network	
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$613.03	\$52.14	\$21.92	\$11.28	\$698.37	\$687.09	\$11.28
EE + Sp/Partner	\$1,348.64	\$103.27	\$48.20	\$11.28	\$1,511.39	\$1,500.11	\$11.28
EE + Child(ren)	\$1,164.75	\$117.03	\$41.62	\$11.28	\$1,334.68	\$1,323.40	\$11.28
Full Family	\$1,900.39	\$172.24	\$67.92	\$11.28	\$2,151.83	\$2,140.55	\$11.28

Birch Medical, Dental 8, Opal Vision						PPO Network	
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$613.03	\$41.93	\$21.92	\$11.28	\$688.16	\$676.88	\$11.28
EE + Sp/Partner	\$1,348.64	\$83.03	\$48.20	\$11.28	\$1,491.15	\$1,479.87	\$11.28
EE + Child(ren)	\$1,164.75	\$88.35	\$41.62	\$11.28	\$1,306.00	\$1,294.72	\$11.28
Full Family	\$1,900.39	\$132.77	\$67.92	\$11.28	\$2,112.36	\$2,101.08	\$11.28

Cedar Medical, Dental 1, Opal Vision						PPO Network	
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$552.51	\$63.46	\$21.92	\$11.28	\$649.17	\$637.89	\$11.28
EE + Sp/Partner	\$1,215.51	\$125.71	\$48.20	\$11.28	\$1,400.70	\$1,389.42	\$11.28
EE + Child(ren)	\$1,049.77	\$139.80	\$41.62	\$11.28	\$1,242.47	\$1,231.19	\$11.28
Full Family	\$1,712.81	\$207.02	\$67.92	\$11.28	\$1,999.03	\$1,987.75	\$11.28

Cedar Medical, Dental 4, Opal Vision						PPO Network	
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$552.51	\$52.14	\$21.92	\$11.28	\$637.85	\$626.57	\$11.28
EE + Sp/Partner	\$1,215.51	\$103.27	\$48.20	\$11.28	\$1,378.26	\$1,366.98	\$11.28
EE + Child(ren)	\$1,049.77	\$117.03	\$41.62	\$11.28	\$1,219.70	\$1,208.42	\$11.28
Full Family	\$1,712.81	\$172.24	\$67.92	\$11.28	\$1,964.25	\$1,952.97	\$11.28

Cedar Medical, Dental 8, Opal Vision						PPO Network	
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$552.51	\$41.93	\$21.92	\$11.28	\$627.64	\$616.36	\$11.28
EE + Sp/Partner	\$1,215.51	\$83.03	\$48.20	\$11.28	\$1,358.02	\$1,346.74	\$11.28
EE + Child(ren)	\$1,049.77	\$88.35	\$41.62	\$11.28	\$1,191.02	\$1,179.74	\$11.28
Full Family	\$1,712.81	\$132.77	\$67.92	\$11.28	\$1,924.78	\$1,913.50	\$11.28

to determine the per paycheck deduction, divide the value in the "Employee Contribution" column by 2
pay period effective dates: 09/01/2016 - 08/31/2017

Faculty Monthly Insurance Rates
October 1, 2016 - September 30, 2017

Dogwood Medical, Dental 1, Opal Vision						PPO Network	
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$481.34	\$63.46	\$21.92	\$11.28	\$578.00	\$566.72	\$11.28
EE + Sp/Partner	\$1,058.98	\$125.71	\$48.20	\$11.28	\$1,244.17	\$1,232.89	\$11.28
EE + Child(ren)	\$914.60	\$139.80	\$41.62	\$11.28	\$1,107.30	\$1,096.02	\$11.28
Full Family	\$1,492.24	\$207.02	\$67.92	\$11.28	\$1,778.46	\$1,767.18	\$11.28

Dogwood Medical, Dental 4, Opal Vision						PPO Network	
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$481.34	\$52.14	\$21.92	\$11.28	\$566.68	\$555.40	\$11.28
EE + Sp/Partner	\$1,058.98	\$103.27	\$48.20	\$11.28	\$1,221.73	\$1,210.45	\$11.28
EE + Child(ren)	\$914.60	\$117.03	\$41.62	\$11.28	\$1,084.53	\$1,073.25	\$11.28
Full Family	\$1,492.24	\$172.24	\$67.92	\$11.28	\$1,743.68	\$1,732.40	\$11.28

Dogwood Medical, Dental 8, Opal Vision						PPO Network	
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$481.34	\$41.93	\$21.92	\$11.28	\$556.47	\$545.19	\$11.28
EE + Sp/Partner	\$1,058.98	\$83.03	\$48.20	\$11.28	\$1,201.49	\$1,190.21	\$11.28
EE + Child(ren)	\$914.60	\$88.35	\$41.62	\$11.28	\$1,055.85	\$1,044.57	\$11.28
Full Family	\$1,492.24	\$132.77	\$67.92	\$11.28	\$1,704.21	\$1,692.93	\$11.28

to determine the per paycheck deduction, divide the value in the "Employee Contribution" column by 2
pay period effective dates: 09/01/2016 - 08/31/2017

Faculty Monthly Insurance Rates
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Alder Medical, Dental 1, Opal Vision						Synergy Network	
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$623.45	\$63.46	\$21.92	\$11.28	\$720.11	\$708.83	\$11.28
EE + Sp/Partner	\$1,371.60	\$125.71	\$48.20	\$11.28	\$1,556.79	\$1,545.51	\$11.28
EE + Child(ren)	\$1,184.59	\$139.80	\$41.62	\$11.28	\$1,377.29	\$1,366.01	\$11.28
Full Family	\$1,932.74	\$207.02	\$67.92	\$11.28	\$2,218.96	\$2,207.68	\$11.28

Alder Medical, Dental 4, Opal Vision						Synergy Network	
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$623.45	\$52.14	\$21.92	\$11.28	\$708.79	\$697.51	\$11.28
EE + Sp/Partner	\$1,371.60	\$103.27	\$48.20	\$11.28	\$1,534.35	\$1,523.07	\$11.28
EE + Child(ren)	\$1,184.59	\$117.03	\$41.62	\$11.28	\$1,354.52	\$1,343.24	\$11.28
Full Family	\$1,932.74	\$172.24	\$67.92	\$11.28	\$2,184.18	\$2,172.90	\$11.28

Alder Medical, Dental 8, Opal Vision						Synergy Network	
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$623.45	\$41.93	\$21.92	\$11.28	\$698.58	\$687.30	\$11.28
EE + Sp/Partner	\$1,371.60	\$83.03	\$48.20	\$11.28	\$1,514.11	\$1,502.83	\$11.28
EE + Child(ren)	\$1,184.59	\$88.35	\$41.62	\$11.28	\$1,325.84	\$1,314.56	\$11.28
Full Family	\$1,932.74	\$132.77	\$67.92	\$11.28	\$2,144.71	\$2,133.43	\$11.28

Birch Medical, Dental 1, Opal Vision						Synergy Network	
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$551.71	\$63.46	\$21.92	\$11.28	\$648.37	\$637.09	\$11.28
EE + Sp/Partner	\$1,213.78	\$125.71	\$48.20	\$11.28	\$1,398.97	\$1,387.69	\$11.28
EE + Child(ren)	\$1,048.26	\$139.80	\$41.62	\$11.28	\$1,240.96	\$1,229.68	\$11.28
Full Family	\$1,710.35	\$207.02	\$67.92	\$11.28	\$1,996.57	\$1,985.29	\$11.28

Birch Medical, Dental 4, Opal Vision						Synergy Network	
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$551.71	\$52.14	\$21.92	\$11.28	\$637.05	\$625.77	\$11.28
EE + Sp/Partner	\$1,213.78	\$103.27	\$48.20	\$11.28	\$1,376.53	\$1,365.25	\$11.28
EE + Child(ren)	\$1,048.26	\$117.03	\$41.62	\$11.28	\$1,218.19	\$1,206.91	\$11.28
Full Family	\$1,710.35	\$172.24	\$67.92	\$11.28	\$1,961.79	\$1,950.51	\$11.28

Birch Medical, Dental 8, Opal Vision						Synergy Network	
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$551.71	\$41.93	\$21.92	\$11.28	\$626.84	\$615.56	\$11.28
EE + Sp/Partner	\$1,213.78	\$83.03	\$48.20	\$11.28	\$1,356.29	\$1,345.01	\$11.28
EE + Child(ren)	\$1,048.26	\$88.35	\$41.62	\$11.28	\$1,189.51	\$1,178.23	\$11.28
Full Family	\$1,710.35	\$132.77	\$67.92	\$11.28	\$1,922.32	\$1,911.04	\$11.28

to determine the per paycheck deduction, divide the value in the "Employee Contribution" column by 2
pay period effective dates: 09/01/2016 - 08/31/2017

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October 1, 2016 - September 30, 2017

Cedar Medical, Dental 1, Opal Vision						Synergy Network	
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$497.25	\$63.46	\$21.92	\$11.28	\$593.91	\$582.63	\$11.28
EE + Sp/Partner	\$1,093.97	\$125.71	\$48.20	\$11.28	\$1,279.16	\$1,267.88	\$11.28
EE + Child(ren)	\$944.80	\$139.80	\$41.62	\$11.28	\$1,137.50	\$1,126.22	\$11.28
Full Family	\$1,541.54	\$207.02	\$67.92	\$11.28	\$1,827.76	\$1,816.48	\$11.28

Cedar Medical, Dental 4, Opal Vision						Synergy Network	
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$497.25	\$52.14	\$21.92	\$11.28	\$582.59	\$571.31	\$11.28
EE + Sp/Partner	\$1,093.97	\$103.27	\$48.20	\$11.28	\$1,256.72	\$1,245.44	\$11.28
EE + Child(ren)	\$944.80	\$117.03	\$41.62	\$11.28	\$1,114.73	\$1,103.45	\$11.28
Full Family	\$1,541.54	\$172.24	\$67.92	\$11.28	\$1,792.98	\$1,781.70	\$11.28

Cedar Medical, Dental 8, Opal Vision						Synergy Network	
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$497.25	\$41.93	\$21.92	\$11.28	\$572.38	\$561.10	\$11.28
EE + Sp/Partner	\$1,093.97	\$83.03	\$48.20	\$11.28	\$1,236.48	\$1,225.20	\$11.28
EE + Child(ren)	\$944.80	\$88.35	\$41.62	\$11.28	\$1,086.05	\$1,074.77	\$11.28
Full Family	\$1,541.54	\$132.77	\$67.92	\$11.28	\$1,753.51	\$1,742.23	\$11.28

Dogwood Medical, Dental 1, Opal Vision						Synergy Network	
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$433.22	\$63.46	\$21.92	\$11.28	\$529.88	\$518.60	\$11.28
EE + Sp/Partner	\$953.10	\$125.71	\$48.20	\$11.28	\$1,138.29	\$1,127.01	\$11.28
EE + Child(ren)	\$823.14	\$139.80	\$41.62	\$11.28	\$1,015.84	\$1,004.56	\$11.28
Full Family	\$1,343.03	\$207.02	\$67.92	\$11.28	\$1,629.25	\$1,617.97	\$11.28

Dogwood Medical, Dental 4, Opal Vision						Synergy Network	
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$433.22	\$52.14	\$21.92	\$11.28	\$518.56	\$507.28	\$11.28
EE + Sp/Partner	\$953.10	\$103.27	\$48.20	\$11.28	\$1,115.85	\$1,104.57	\$11.28
EE + Child(ren)	\$823.14	\$117.03	\$41.62	\$11.28	\$993.07	\$981.79	\$11.28
Full Family	\$1,343.03	\$172.24	\$67.92	\$11.28	\$1,594.47	\$1,583.19	\$11.28

Dogwood Medical, Dental 8, Opal Vision						Synergy Network	
	Medical	Dental	Vision	Supp Ins	Total	Employer Contribution	Employee Contribution
EE Only	\$433.22	\$41.93	\$21.92	\$11.28	\$508.35	\$497.07	\$11.28
EE + Sp/Partner	\$953.10	\$83.03	\$48.20	\$11.28	\$1,095.61	\$1,084.33	\$11.28
EE + Child(ren)	\$823.14	\$88.35	\$41.62	\$11.28	\$964.39	\$953.11	\$11.28
Full Family	\$1,343.03	\$132.77	\$67.92	\$11.28	\$1,555.00	\$1,543.72	\$11.28

to determine the per paycheck deduction, divide the value in the "Employee Contribution" column by 2
pay period effective dates: 09/01/2016 - 08/31/2017