

Part-time Faculty Monthly Insurance Rates

October 1, 2016 - September 30, 2017

Birch Medical, Dental 1, Opal Vision					PPO Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$613.03	\$63.46	\$21.92	\$698.41	\$698.41	\$0.00
EE + Sp/Partner	\$1,348.64	\$125.71	\$48.20	\$1,522.55	\$1,019.58	\$502.97
EE + Child(ren)	\$1,164.75	\$139.80	\$41.62	\$1,346.17	\$880.54	\$465.63
Full Family	\$1,900.39	\$207.02	\$67.92	\$2,175.33	\$1,145.93	\$1,029.40

Birch Medical, Dental 4, Opal Vision					PPO Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$613.03	\$52.14	\$21.92	\$687.09	\$687.09	\$0.00
EE + Sp/Partner	\$1,348.64	\$103.27	\$48.20	\$1,500.11	\$1,019.58	\$480.53
EE + Child(ren)	\$1,164.75	\$117.03	\$41.62	\$1,323.40	\$880.54	\$442.86
Full Family	\$1,900.39	\$172.24	\$67.92	\$2,140.55	\$1,145.93	\$994.62

Birch Medical, Dental 8, Opal Vision					PPO Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$613.03	\$41.93	\$21.92	\$676.88	\$676.88	\$0.00
EE + Sp/Partner	\$1,348.64	\$83.03	\$48.20	\$1,479.87	\$1,019.58	\$460.29
EE + Child(ren)	\$1,164.75	\$88.35	\$41.62	\$1,294.72	\$880.54	\$414.18
Full Family	\$1,900.39	\$132.77	\$67.92	\$2,101.08	\$1,145.93	\$955.15

Cedar Medical, Dental 1, Opal Vision					PPO Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$552.51	\$63.46	\$21.92	\$637.89	\$637.89	\$0.00
EE + Sp/Partner	\$1,215.51	\$125.71	\$48.20	\$1,389.42	\$1,019.58	\$369.84
EE + Child(ren)	\$1,049.77	\$139.80	\$41.62	\$1,231.19	\$880.54	\$350.65
Full Family	\$1,712.81	\$207.02	\$67.92	\$1,987.75	\$1,145.93	\$841.82

Cedar Medical, Dental 4, Opal Vision					PPO Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$552.51	\$52.14	\$21.92	\$626.57	\$626.57	\$0.00
EE + Sp/Partner	\$1,215.51	\$103.27	\$48.20	\$1,366.98	\$1,019.58	\$347.40
EE + Child(ren)	\$1,049.77	\$117.03	\$41.62	\$1,208.42	\$880.54	\$327.88
Full Family	\$1,712.81	\$172.24	\$67.92	\$1,952.97	\$1,145.93	\$807.04

Cedar Medical, Dental 8, Opal Vision					PPO Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$552.51	\$41.93	\$21.92	\$616.36	\$616.36	\$0.00
EE + Sp/Partner	\$1,215.51	\$83.03	\$48.20	\$1,346.74	\$1,019.58	\$327.16
EE + Child(ren)	\$1,049.77	\$88.35	\$41.62	\$1,179.74	\$880.54	\$299.20
Full Family	\$1,712.81	\$132.77	\$67.92	\$1,913.50	\$1,145.93	\$767.57

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

Part-time Faculty Monthly Insurance Rates

October 1, 2016 - September 30, 2017

Dogwood Medical, Dental 1, Opal Vision						PPO Network
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$481.34	\$63.46	\$21.92	\$566.72	\$566.72	\$0.00
EE + Sp/Partner	\$1,058.98	\$125.71	\$48.20	\$1,232.89	\$1,019.58	\$213.31
EE + Child(ren)	\$914.60	\$139.80	\$41.62	\$1,096.02	\$880.54	\$215.48
Full Family	\$1,492.24	\$207.02	\$67.92	\$1,767.18	\$1,145.93	\$621.25

Dogwood Medical, Dental 4, Opal Vision						PPO Network
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$481.34	\$52.14	\$21.92	\$555.40	\$555.40	\$0.00
EE + Sp/Partner	\$1,058.98	\$103.27	\$48.20	\$1,210.45	\$1,019.58	\$190.87
EE + Child(ren)	\$914.60	\$117.03	\$41.62	\$1,073.25	\$880.54	\$192.71
Full Family	\$1,492.24	\$172.24	\$67.92	\$1,732.40	\$1,145.93	\$586.47

Dogwood Medical, Dental 8, Opal Vision						PPO Network
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$481.34	\$41.93	\$21.92	\$545.19	\$545.19	\$0.00
EE + Sp/Partner	\$1,058.98	\$83.03	\$48.20	\$1,190.21	\$1,019.58	\$170.63
EE + Child(ren)	\$914.60	\$88.35	\$41.62	\$1,044.57	\$880.54	\$164.03
Full Family	\$1,492.24	\$132.77	\$67.92	\$1,692.93	\$1,145.93	\$547.00

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

Part-time Faculty Monthly Insurance Rates

October 1, 2016 - September 30, 2017

Alder Medical, Dental 1, Opal Vision					Synergy Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$623.45	\$63.46	\$21.92	\$708.83	\$708.83	\$0.00
EE + Sp/Partner	\$1,371.60	\$125.71	\$48.20	\$1,545.51	\$1,019.58	\$525.93
EE + Child(ren)	\$1,184.59	\$139.80	\$41.62	\$1,366.01	\$880.54	\$485.47
Full Family	\$1,932.74	\$207.02	\$67.92	\$2,207.68	\$1,145.93	\$1,061.75

Alder Medical, Dental 4, Opal Vision					Synergy Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$623.45	\$52.14	\$21.92	\$697.51	\$697.51	\$0.00
EE + Sp/Partner	\$1,371.60	\$103.27	\$48.20	\$1,523.07	\$1,019.58	\$503.49
EE + Child(ren)	\$1,184.59	\$117.03	\$41.62	\$1,343.24	\$880.54	\$462.70
Full Family	\$1,932.74	\$172.24	\$67.92	\$2,172.90	\$1,145.93	\$1,026.97

Alder Medical, Dental 8, Opal Vision					Synergy Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$623.45	\$41.93	\$21.92	\$687.30	\$687.30	\$0.00
EE + Sp/Partner	\$1,371.60	\$83.03	\$48.20	\$1,502.83	\$1,019.58	\$483.25
EE + Child(ren)	\$1,184.59	\$88.35	\$41.62	\$1,314.56	\$880.54	\$434.02
Full Family	\$1,932.74	\$132.77	\$67.92	\$2,133.43	\$1,145.93	\$987.50

Birch Medical, Dental 1, Opal Vision					Synergy Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$551.71	\$63.46	\$21.92	\$637.09	\$637.09	\$0.00
EE + Sp/Partner	\$1,213.78	\$125.71	\$48.20	\$1,387.69	\$1,019.58	\$368.11
EE + Child(ren)	\$1,048.26	\$139.80	\$41.62	\$1,229.68	\$880.54	\$349.14
Full Family	\$1,710.35	\$207.02	\$67.92	\$1,985.29	\$1,145.93	\$839.36

Birch Medical, Dental 4, Opal Vision					Synergy Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$551.71	\$52.14	\$21.92	\$625.77	\$625.77	\$0.00
EE + Sp/Partner	\$1,213.78	\$103.27	\$48.20	\$1,365.25	\$1,019.58	\$345.67
EE + Child(ren)	\$1,048.26	\$117.03	\$41.62	\$1,206.91	\$880.54	\$326.37
Full Family	\$1,710.35	\$172.24	\$67.92	\$1,950.51	\$1,145.93	\$804.58

Birch Medical, Dental 8, Opal Vision					Synergy Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$551.71	\$41.93	\$21.92	\$615.56	\$615.56	\$0.00
EE + Sp/Partner	\$1,213.78	\$83.03	\$48.20	\$1,345.01	\$1,019.58	\$325.43
EE + Child(ren)	\$1,048.26	\$88.35	\$41.62	\$1,178.23	\$880.54	\$297.69
Full Family	\$1,710.35	\$132.77	\$67.92	\$1,911.04	\$1,145.93	\$765.11

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

Part-time Faculty Monthly Insurance Rates

October 1, 2016 - September 30, 2017

Cedar Medical, Dental 1, Opal Vision					Synergy Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$497.25	\$63.46	\$21.92	\$582.63	\$582.63	\$0.00
EE + Sp/Partner	\$1,093.97	\$125.71	\$48.20	\$1,267.88	\$1,019.58	\$248.30
EE + Child(ren)	\$944.80	\$139.80	\$41.62	\$1,126.22	\$880.54	\$245.68
Full Family	\$1,541.54	\$207.02	\$67.92	\$1,816.48	\$1,145.93	\$670.55

Cedar Medical, Dental 4, Opal Vision					Synergy Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$497.25	\$52.14	\$21.92	\$571.31	\$571.31	\$0.00
EE + Sp/Partner	\$1,093.97	\$103.27	\$48.20	\$1,245.44	\$1,019.58	\$225.86
EE + Child(ren)	\$944.80	\$117.03	\$41.62	\$1,103.45	\$880.54	\$222.91
Full Family	\$1,541.54	\$172.24	\$67.92	\$1,781.70	\$1,145.93	\$635.77

Cedar Medical, Dental 8, Opal Vision					Synergy Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$497.25	\$41.93	\$21.92	\$561.10	\$561.10	\$0.00
EE + Sp/Partner	\$1,093.97	\$83.03	\$48.20	\$1,225.20	\$1,019.58	\$205.62
EE + Child(ren)	\$944.80	\$88.35	\$41.62	\$1,074.77	\$880.54	\$194.23
Full Family	\$1,541.54	\$132.77	\$67.92	\$1,742.23	\$1,145.93	\$596.30

Dogwood Medical, Dental 1, Opal Vision					Synergy Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$433.22	\$63.46	\$21.92	\$518.60	\$518.60	\$0.00
EE + Sp/Partner	\$953.10	\$125.71	\$48.20	\$1,127.01	\$1,019.58	\$107.43
EE + Child(ren)	\$823.14	\$139.80	\$41.62	\$1,004.56	\$880.54	\$124.02
Full Family	\$1,343.03	\$207.02	\$67.92	\$1,617.97	\$1,145.93	\$472.04

Dogwood Medical, Dental 4, Opal Vision					Synergy Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$433.22	\$52.14	\$21.92	\$507.28	\$507.28	\$0.00
EE + Sp/Partner	\$953.10	\$103.27	\$48.20	\$1,104.57	\$1,019.58	\$84.99
EE + Child(ren)	\$823.14	\$117.03	\$41.62	\$981.79	\$880.54	\$101.25
Full Family	\$1,343.03	\$172.24	\$67.92	\$1,583.19	\$1,145.93	\$437.26

Dogwood Medical, Dental 8, Opal Vision					Synergy Network	
	Medical	Dental	Vision	Total	Employer Contribution	Employee Contribution
EE Only	\$433.22	\$41.93	\$21.92	\$497.07	\$497.07	\$0.00
EE + Sp/Partner	\$953.10	\$83.03	\$48.20	\$1,084.33	\$1,019.58	\$64.75
EE + Child(ren)	\$823.14	\$88.35	\$41.62	\$953.11	\$880.54	\$72.57
Full Family	\$1,343.03	\$132.77	\$67.92	\$1,543.72	\$1,145.93	\$397.79

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