MEDICAL, DENTAL, VISION CONTRIBUTION RATES

Fiscal Year 2013 (July 1, 2012 – June 30, 2013)

All Standard Full Time Staff, Faculty, Staff Physicians, and Senior Management

	EMPLOYEE ONLY	EMPLOYEE+SPOUSE	EMPLOYEE+CHILD	EMPLOYEE+CHILDREN	FAMILY
MEDICAL – FULL TIME EMPLOYEES (32 – 40 hours per week)					
HSA Advantage	$55.21 *($1,325.04/year)*	$110.30 *($2,647.20/year)*	$85.34 *($2,048.16/year)*	$115.47 *($2,771.28/year)*	$162.95 *($3,910.80/year)*
Select	$74.69 *($1,792.56/year)*	$151.35 *($3,632.40/year)*	$116.50 *($2,796.00/year)*	$158.31 *($3,799.44/year)*	$224.52 *($5,388.48/year)*
Elite	$163.48 *($3,923.52/year)*	$337.81 *($8,107.44/year)*	$258.57 *($6.205.68/year)*	$353.66 *($8,487.84/year)*	$504.22 *($12,101.28/year)*
DENTAL – FULL TIME EMPLOYEES (32 – 40 hours per week)					
Humana Advantage	$1.67 *($40.08/year)*	$3.59 *($86.16/year)*	$2.78 *($66.72/year)*	$3.88 *($93.12/year)*	$5.54 *($132.96/year)*
Humana Elite Choice	$2.75 *($66.00/year)*	$5.50 *($132.00/year)*	$4.14 *($99.36/year)*	$6.61 *($158.64/year)*	$8.27 *($198.48/year)*
Dental Care Plus Basic	$5.39 *($129.36/year)*	$11.34 *($272.16/year)*	$10.72 *($257.28/year)*	$13.74 *($329.76/year)*	$19.07 *($457.68/year)*
Dental Care Plus High & Dental Care Plus Out-of-Area	$11.37 *($272.88/year)*	$23.11 *($554.64/year)*	$21.34 *($512.16/year)*	$28.10 *($674.40/year)*	$38.39 *($921.36/year)*
VISION – FULL TIME EMPLOYEES (32 – 40 hours per week)					
Humana VisionCare Plan	$2.86 *($68.64/year)*	$5.43 *($130.32/year)*	$5.17 *($124.08/year)*	$5.39 *($129.36/year)*	$8.67 *($208.08/year)*

All contributions deducted twice per month – 24 pays per year

MEDICAL, DENTAL, VISION CONTRIBUTION RATES

Fiscal Year 2013 (July 1, 2012 – June 30, 2013)

All Standard Part Time Staff, Faculty, Staff Physicians, and Senior Management

	EMPLOYEE ONLY	EMPLOYEE+SPOUSE	EMPLOYEE+CHILD	EMPLOYEE+CHILDREN	FAMILY
MEDICAL – PART TIME EMPLOYEES (20 – 31 hours per week)					
HSA Advantage	$80.91 *($1,941.84/year)*	$164.20 *($3,940.80/year)*	$126.46 *($3,035.04/year)*	$172.01 *($4,128.24/year)*	$243.79 *($5,850.96/year)*
Select	$103.60 *($2,486.40/year)*	$212.06 *($5,089.44/year)*	$162.75 *($3,906.00/year)*	$221.92 *($5,326.08/year)*	$315.59 *($7,574.16/year)*
Elite	$190.85 *($4,580.40/year)*	$395.29 *($9,486.96/year)*	$302.36 *($7,256.64/year)*	$413.87 *($9,932.88/year)*	$590.43 *($14,170.32/year)*
DENTAL – PART TIME EMPLOYEES (20 – 31 hours per week)					
Humana Advantage	$3.29 *($78.96/year)*	$6.84 *($164.16/year)*	$5.76 *($138.24/year)*	$7.95 *($190.80/year)*	$10.96 *($263.04/year)*
Humana Elite Choice	$4.37 *($104.88/year)*	$8.75 *($210.00/year)*	$7.39 *($177.36/year)*	$11.49 *($275.76/year)*	$14.23 *($341.52/year)*
Dental Care Plus Basic	$7.01 *($168.24/year)*	$14.59 *($350.16/year)*	$13.70 *($328.80/year)*	$17.80 *($427.20/year)*	$24.48 *($587.52/year)*
Dental Care Plus High & Dental Care Plus Out-of-Area	$13.35 *($320.40/year)*	$27.08 *($649.92/year)*	$24.98 *($599.52/year)*	$33.05 *($793.20/year)*	$45.00 *($1,080.00/year)*
VISION – PART TIME EMPLOYEES (20 – 31 hours per week)					
Humana VisionCare Plan	$2.86 *($68.64/year)*	$5.43 *($130.32/year)*	$5.17 *($124.08/year)*	$5.39 *($129.36/year)*	$8.67 *($208.08/year)*

All contributions deducted twice per month – 24 pays per year