

MSJC - Benefit Plans and Payroll Deduction for ALL Fulltime Faculty with 12 Month Pay Frequency - with MES Vision Eff 7/1/2020 to 6/30/2021

*****PLEASE NOTE- EE ONLY PPO COVERAGE RATE OF 100% IS FOR EXISTING PPO MEMBERS ONLY*****

MEDICAL PLANS >>	Anthem HMO \$20	Anthem HMO \$30	Anthem HMO \$40 (Narrow Network)	Kaiser HMO \$20	Kaiser DHMO \$500	Kaiser Minimum Value Plan	Kaiser HSA Qualified Deductible HMO	Anthem Traditional PPO \$500	Anthem Traditional PPO \$750	Anthem ESSENTIALS PPO Plan	Anthem Elements Choice PPO (Min Value)	Anthem PPO w/ HSA Plan 1	Anthem PPO w/ HSA Plan 2 (Closed to New Membership)
Medical Services Co-Pymts	\$20 DOV; \$100 ER	\$30 DOV; \$100 ER;	\$40 DOV; \$150 ER; \$500/\$1000 Annual Deductible (A/D)	\$20 DOV; \$100 ER	\$20 DOV; \$100 ER; 20% Hospital; \$500/\$1000 A/D; A/D waived for Preventative Care	\$50 DOV Co-pay (after A/D); \$4500/\$9000 A/D; 40% Hospital Co-ins.; \$250 ER; Includes MHN	10% Co-ins. after A/D; \$1500/\$3000 A/D; 10% Co-ins.; Includes MHN	\$500/\$1500 A/D; 90%/10% or 70%/30% Co-Ins.	\$750/\$2250 A/D; 80%/20% or 60%/40% Co-Ins.	\$40 DOV; \$1250/\$3750 A/D; 70%/30% or 50%/50% Co-Ins.; 100% Preventive Care	\$35 DOV x 3; \$5900/\$11800 A/D	100% Preventive Care; \$1500/\$3000 A/D; 90%/10% or 70%/30% Co-Ins.	100% Preventive Care; \$3000/\$6000 A/D; 90%/10% or 70%/30% Co-Ins.
Express Scripts Prescription Co-Pymts	Retail: \$5/\$25/\$40 Mail Order: \$10/\$50/\$80	Retail: \$10/\$30/\$60 Mail Order: \$20/\$60/\$120	Retail: \$10/\$30/\$60 Mail Order: \$20/\$60/\$120	Through Kaiser ONLY: \$10-G/\$20-B Pick up or Mail Order	Through Kaiser ONLY: \$10-G/\$30-B (Pick up or Mail Order)	Through Kaiser ONLY: \$250 OOP Max / Member / calendar year	Through Kaiser ONLY: \$10-G/\$30-B after deductible	Retail: \$10/\$30/\$10+ cost diff between brand & generic when generic "equiv" is avail	Retail: \$15/\$50/\$15+ cost diff between brand & generic when generic "equiv" is avail	Retail: \$15/\$50/\$15+ cost diff between brand & generic when generic "equiv" is avail	Retail: \$19/\$50/\$75 Specialty Drugs: 30% co-ins (after A/D)	Retail: \$10/\$30 Mail Order: \$20/\$60 (after A/D)	Retail: \$10/\$30 Mail Order: \$20/\$60 (after A/D)
Attached DENTAL>>	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental
	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction
35+ Hours	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Single	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EE + Spouse	\$545.17	\$444.07	\$310.64	\$452.33	\$221.00	\$0.00	\$118.01	\$2,232.18	\$1,913.59	\$1,138.27	\$0.00	\$813.86	\$647.23
EE + Child(ren)	\$327.26	\$240.61	\$126.23	\$322.34	\$112.06	\$0.00	\$18.42	\$1,773.27	\$1,500.19	\$835.63	\$0.00	\$557.57	\$414.74
EE + Family	\$850.07	\$708.06	\$520.62	\$661.15	\$345.71	\$0.00	\$205.27	\$3,219.93	\$2,772.38	\$1,683.24	\$0.00	\$1,227.52	\$993.44
Attached DENTAL>>	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO
	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction
35+ Hours	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Single	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EE + Spouse	\$528.45	\$427.35	\$293.92	\$435.61	\$204.28	\$0.00	\$101.29	\$2,215.46	\$1,896.87	\$1,121.55	\$0.00	\$797.14	\$630.51
EE + Child(ren)	\$310.54	\$223.89	\$109.51	\$305.62	\$95.34	\$0.00	\$1.70	\$1,756.55	\$1,483.47	\$818.91	\$0.00	\$540.85	\$398.02
EE + Family	\$833.35	\$691.34	\$503.90	\$644.43	\$328.99	\$0.00	\$188.55	\$3,203.21	\$2,755.66	\$1,666.52	\$0.00	\$1,210.80	\$976.72
Attached DENTAL>>	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)
	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction
35+ Hours	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Single	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EE + Spouse	\$473.76	\$372.66	\$239.23	\$380.92	\$149.59	\$0.00	\$46.60	\$2,160.77	\$1,842.18	\$1,066.86	\$0.00	\$742.45	\$575.82
EE + Child	\$255.85	\$169.20	\$54.82	\$250.93	\$40.65	\$0.00	\$0.00	\$1,701.86	\$1,428.78	\$764.22	\$0.00	\$486.16	\$343.33
EE + Children	\$257.84	\$171.19	\$56.81	\$252.92	\$42.64	\$0.00	\$0.00	\$1,703.85	\$1,430.77	\$766.21	\$0.00	\$488.15	\$345.32
EE + Family	\$780.65	\$638.64	\$451.20	\$591.73	\$276.29	\$0.00	\$135.85	\$3,150.51	\$2,702.96	\$1,613.82	\$0.00	\$1,158.10	\$924.02
Attached DENTAL>>	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive
(NO Longer Offered to new enrollees)	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction
35+ Hours	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Single	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EE + Spouse	\$544.30	\$443.20	\$309.77	\$451.46	\$220.13	\$0.00	\$117.14	\$2,231.31	\$1,912.72	\$1,137.40	\$0.00	\$812.99	\$646.36
EE + Child(ren)	\$326.39	\$239.74	\$125.36	\$321.47	\$111.19	\$0.00	\$17.55	\$1,772.40	\$1,499.32	\$834.76	\$0.00	\$556.70	\$413.87
EE + Family	\$849.20	\$707.19	\$519.75	\$660.28	\$344.84	\$0.00	\$204.40	\$3,219.06	\$2,771.51	\$1,682.37	\$0.00	\$1,226.65	\$992.57

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MEDICAL PLANS >>	Anthem HMO \$20	Anthem HMO \$30	Anthem HMO \$40 (Narrow Network)	Kaiser HMO \$20	Kaiser DHMO \$500	Kaiser Minimum Value Plan	Kaiser HSA Qualified Deductible HMO	Anthem Traditional PPO \$500	Anthem Traditional PPO \$750	Anthem ESSENTIALS PPO Plan	Anthem Elements Choice PPO (Min Value)	Anthem PPO w/ HSA Plan 1	Anthem PPO w/ HSA Plan 2 (Closed to New Membership)
Medical Services Co-Pymts	\$20 DOV; \$100 ER	\$30 DOV; \$100 ER;	\$40 DOV; \$150 ER; \$500/\$1000 Annual Deductible (A/D)	\$20 DOV; \$100 ER	\$20 DOV; \$100 ER; 20% Hospital; \$500/\$1000 A/D; A/D waived for Preventative Care	\$50 DOV Co-pay (after A/D); \$4500/\$9000 A/D; 40% Hospital Co-ins.; \$250 ER; Includes MHN	10% Co-ins. after A/D; \$1500/\$3000 A/D; 10% Co-ins.; Includes MHN	\$500/\$1500 A/D; 90%/10% or 70%/30% Co-Ins.	\$750/\$2250 A/D; 80%/20% or 60%/40% Co-Ins.	\$40 DOV; \$1250/\$3750 A/D; 70%/30% or 50%/50% Co-Ins.; 100% Preventive Care	\$35 DOV x 3; \$5900/\$11800 A/D	100% Preventive Care; \$1500/\$3000 A/D; 90%/10% or 70%/30% Co-Ins.	100% Preventive Care; \$3000/\$6000 A/D; 90%/10% or 70%/30% Co-Ins.
Express Scripts Prescription Co-Pymts	Retail: \$5/\$25/\$40 Mail Order: \$10/\$50/\$80	Retail: \$10/\$30/\$60 Mail Order: \$20/\$60/\$120	Retail: \$10/\$30/\$60 Mail Order: \$20/\$60/\$120	Through Kaiser ONLY: \$10-G/\$20-B Pick up or Mail Order	Through Kaiser ONLY: \$10-G/\$30-B (Pick up or Mail Order)	Through Kaiser ONLY: \$250 OOP Max / Member / calendar year	Through Kaiser ONLY: \$10-G/\$30-B after deductible	Retail: \$10/\$30/\$10+ cost diff between brand & generic when generic "equiv" is avail	Retail: \$15/\$50/\$15+ cost diff between brand & generic when generic "equiv" is avail	Retail: \$15/\$50/\$15+ cost diff between brand & generic when generic "equiv" is avail	Retail: \$19/\$50/\$75 Specialty Drugs: 30% co-ins (after A/D)	Retail: \$10/\$30 Mail Order: \$20/\$60 (after A/D)	Retail: \$10/\$30 Mail Order: \$20/\$60 (after A/D)
Attached DENTAL>>	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental
	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction
35+ Hours	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Single	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EE + Spouse	\$594.73	\$484.44	\$338.88	\$493.45	\$241.09	\$0.00	\$128.74	\$2,435.11	\$2,087.55	\$1,241.75	\$0.00	\$887.85	\$706.07
EE + Child(ren)	\$357.01	\$262.48	\$137.71	\$351.64	\$122.25	\$0.00	\$20.09	\$1,934.48	\$1,636.57	\$911.60	\$0.00	\$608.26	\$452.44
EE + Family	\$927.35	\$772.43	\$567.95	\$721.25	\$377.14	\$0.00	\$223.93	\$3,512.65	\$3,024.41	\$1,836.26	\$0.00	\$1,339.11	\$1,083.75
Attached DENTAL>>	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO
	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction
35+ Hours	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Single	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EE + Spouse	\$576.49	\$466.20	\$320.64	\$475.21	\$222.85	\$0.00	\$110.50	\$2,416.87	\$2,069.31	\$1,223.51	\$0.00	\$869.61	\$687.83
EE + Child(ren)	\$338.77	\$244.24	\$119.47	\$333.40	\$104.01	\$0.00	\$1.85	\$1,916.24	\$1,618.33	\$893.36	\$0.00	\$590.02	\$434.20
EE + Family	\$909.11	\$754.19	\$549.71	\$703.01	\$358.90	\$0.00	\$205.69	\$3,494.41	\$3,006.17	\$1,818.02	\$0.00	\$1,320.87	\$1,065.51
Attached DENTAL>>	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)
	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction
35+ Hours	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Single	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EE + Spouse	\$516.83	\$406.54	\$260.98	\$415.55	\$163.19	\$0.00	\$50.84	\$2,357.20	\$2,009.65	\$1,163.85	\$0.00	\$809.95	\$628.17
EE + Child	\$279.11	\$184.58	\$59.80	\$273.74	\$44.35	\$0.00	\$0.00	\$1,856.57	\$1,558.67	\$833.69	\$0.00	\$530.36	\$374.54
EE + Children	\$281.28	\$186.75	\$61.97	\$275.91	\$46.52	\$0.00	\$0.00	\$1,858.75	\$1,560.84	\$835.87	\$0.00	\$532.53	\$376.71
EE + Family	\$851.62	\$696.70	\$492.22	\$645.52	\$301.41	\$0.00	\$148.20	\$3,436.92	\$2,948.68	\$1,760.53	\$0.00	\$1,263.38	\$1,008.02
Attached DENTAL>>	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive
(NO Longer Offered to new enrollees)	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction	Monthly Payroll Deduction
35+ Hours	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Single	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EE + Spouse	\$593.78	\$483.49	\$337.93	\$492.50	\$240.14	\$0.00	\$127.79	\$2,434.16	\$2,086.60	\$1,240.80	\$0.00	\$886.90	\$705.12
EE + Child(ren)	\$356.06	\$261.53	\$136.76	\$350.69	\$121.30	\$0.00	\$19.15	\$1,933.53	\$1,635.62	\$910.65	\$0.00	\$607.31	\$451.49
EE + Family	\$926.40	\$771.48	\$567.00	\$720.31	\$376.19	\$0.00	\$222.98	\$3,511.70	\$3,023.47	\$1,835.31	\$0.00	\$1,338.16	\$1,082.80

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Medical Services Co-Pymts	\$20 DOV; \$100 ER	\$30 DOV; \$100 ER;	\$40 DOV; \$150 ER; \$500/\$1000 Annual Deductible (A/D)	\$20 DOV; \$100 ER	\$20 DOV; \$100 ER; 20% Hospital; \$500/\$1000 A/D; A/D waived for Preventative Care	\$50 DOV Co-pay (after A/D); \$4500/\$9000 A/D; 40% Hospital Co-ins.; \$250 ER; Includes MHN	10% Co-ins. after A/D; \$1500/\$3000 A/D; 10% Co-ins.; Includes MHN	\$500/\$1500 A/D; 90%/10% or 70%/30% Co-Ins.	\$750/\$2250 A/D; 80%/20% or 60%/40% Co-Ins.	\$40 DOV; \$1250/\$3750 A/D; 70%/30% or 50%/50% Co-Ins.; 100% Preventive Care	\$35 DOV x 3; \$5900/\$11800 A/D	100% Preventive Care; \$1500/\$3000 A/D; 90%/10% or 70%/30% Co-Ins.	100% Preventive Care; \$3000/\$6000 A/D; 90%/10% or 70%/30% Co-Ins.
Express Scripts Prescription Co-Pymts	Retail: \$5/\$25/\$40 Mail Order: \$10/\$50/\$80	Retail: \$10/\$30/\$60 Mail Order: \$20/\$60/\$120	Retail: \$10/\$30/\$60 Mail Order: \$20/\$60/\$120	Through Kaiser ONLY: \$10-G/\$20-B Pick up or Mail Order	Through Kaiser ONLY: \$10-G/\$30-B (Pick up or Mail Order)	Through Kaiser ONLY: \$250 OOP Max / Member / calendar year	Through Kaiser ONLY: \$10-G/\$30-B after deductible	Retail: \$10/\$30/\$10+ cost diff between brand & generic when generic "equiv" is avail	Retail: \$15/\$50/\$15+ cost diff between brand & generic when generic "equiv" is avail	Retail: \$15/\$50/\$15+ cost diff between brand & generic when generic "equiv" is avail	Retail: \$19/\$50/\$75 Specialty Drugs: 30% co-ins (after A/D)	Retail: \$10/\$30 Mail Order: \$20/\$60 (after A/D)	Retail: \$10/\$30 Mail Order: \$20/\$60 (after A/D)
Attached DENTAL>>	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental	Delta PPO Dental
35+ Hours Single	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00
EE + Spouse	\$542.80	\$532.88	\$372.77	\$542.80	\$265.20	\$0.00	\$141.61	\$2,678.62	\$2,296.31	\$1,365.92	\$0.00	\$976.63	\$776.68
EE + Child(ren)	\$386.81	\$288.73	\$151.48	\$386.81	\$134.47	\$0.00	\$22.10	\$2,127.92	\$1,800.23	\$1,002.76	\$0.00	\$669.08	\$497.69
EE + Family	\$793.38	\$849.67	\$624.74	\$793.38	\$414.85	\$0.00	\$246.32	\$3,863.92	\$3,326.86	\$2,019.89	\$0.00	\$1,473.02	\$1,192.13
Attached DENTAL>>	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO
35+ Hours Single	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00
EE + Spouse	\$522.73	\$512.82	\$352.70	\$522.73	\$245.14	\$0.00	\$121.55	\$2,658.55	\$2,276.24	\$1,345.86	\$0.00	\$956.57	\$756.61
EE + Child(ren)	\$366.74	\$268.67	\$131.41	\$366.74	\$114.41	\$0.00	\$2.04	\$2,107.86	\$1,780.16	\$982.69	\$0.00	\$649.02	\$477.62
EE + Family	\$773.32	\$829.61	\$604.68	\$773.32	\$394.79	\$0.00	\$226.26	\$3,843.85	\$3,306.79	\$1,999.82	\$0.00	\$1,452.96	\$1,172.06
Attached DENTAL>>	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)	MetLife DHMO (aka Safe Guard)
35+ Hours Single	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00
EE + Spouse	\$457.10	\$447.19	\$287.08	\$457.10	\$179.51	\$0.00	\$55.92	\$2,592.92	\$2,210.62	\$1,280.23	\$0.00	\$890.94	\$690.98
EE + Child	\$301.12	\$203.04	\$65.78	\$301.12	\$48.78	\$0.00	\$0.00	\$2,042.23	\$1,714.54	\$917.06	\$0.00	\$583.39	\$412.00
EE + Children	\$303.50	\$205.43	\$68.17	\$303.50	\$51.17	\$0.00	\$0.00	\$2,044.62	\$1,716.92	\$919.45	\$0.00	\$585.78	\$414.38
EE + Family	\$710.08	\$766.37	\$541.44	\$710.08	\$331.55	\$0.00	\$163.02	\$3,780.61	\$3,243.55	\$1,936.58	\$0.00	\$1,389.72	\$1,108.82
Attached DENTAL>>	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive	Delta Incentive
(NO Longer Offered to new enrollees) 35+ Hours Single	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00	Monthly Payroll Deduction \$0.00
EE + Spouse	\$541.75	\$531.84	\$371.72	\$541.75	\$264.16	\$0.00	\$140.57	\$2,677.57	\$2,295.26	\$1,364.88	\$0.00	\$975.59	\$775.63
EE + Child(ren)	\$385.76	\$287.69	\$150.43	\$385.76	\$133.43	\$0.00	\$21.06	\$2,126.88	\$1,799.18	\$1,001.71	\$0.00	\$668.04	\$496.64
EE + Family	\$792.34	\$848.63	\$623.70	\$792.34	\$413.81	\$0.00	\$245.28	\$3,862.87	\$3,325.81	\$2,018.84	\$0.00	\$1,471.98	\$1,191.08