

**MSJC-Benefit Plans and Payroll Deduction for ALL Fulltime Faculty with 12 Month Pay Frequency-with VSP Vision Eff 7/1/2022 to 6/30/2023**

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

MEDICAL PLANS >>	Anthem HMO \$20	Anthem HMO \$30	Anthem DHMO\$500 (Narrow Network) - Formerly HMO\$40	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
<b>Medical Services Co-Pymts</b>	\$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.
<b>Express Scripts Prescription Co-Pymts</b>	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)
<b>Attached DENTAL&gt;&gt;</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>
<b>35+ Hours</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>
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
EE + Spouse	\$627.52	\$520.84	\$380.02	\$536.89	\$291.93	\$0.00	\$182.89	\$2,372.41	\$2,039.69	\$1,229.99	\$0.00	\$891.20
EE + Child(ren)	\$397.53	\$306.09	\$185.39	\$399.33	\$176.67	\$0.00	\$77.51	\$1,893.15	\$1,607.96	\$913.94	\$0.00	\$623.54
EE + Family	\$966.66	\$816.80	\$618.97	\$775.97	\$441.96	\$0.00	\$293.24	\$3,417.81	\$2,950.42	\$1,812.98	\$0.00	\$1,337.06
<b>Attached DENTAL&gt;&gt;</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>
<b>35+ Hours</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>
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
EE + Spouse	\$612.16	\$505.48	\$364.66	\$521.53	\$276.57	\$0.00	\$167.53	\$2,357.05	\$2,024.33	\$1,214.63	\$0.00	\$875.84
EE + Child(ren)	\$382.17	\$290.73	\$170.03	\$383.97	\$161.31	\$0.00	\$62.15	\$1,877.79	\$1,592.60	\$898.58	\$0.00	\$608.18
EE + Family	\$951.30	\$801.44	\$603.61	\$760.61	\$426.60	\$0.00	\$277.88	\$3,402.45	\$2,935.06	\$1,797.62	\$0.00	\$1,321.70
<b>Attached DENTAL&gt;&gt;</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>
<b>35+ Hours</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>
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
EE + Spouse	\$564.90	\$458.22	\$317.40	\$474.27	\$229.31	\$0.00	\$120.27	\$2,309.79	\$1,977.07	\$1,167.37	\$0.00	\$828.58
EE + Child	\$334.91	\$243.47	\$122.77	\$336.71	\$114.05	\$0.00	\$0.00	\$1,830.53	\$1,545.34	\$851.32	\$0.00	\$560.92
EE + Children	\$336.90	\$245.46	\$124.76	\$338.70	\$116.04	\$0.00	\$0.00	\$1,832.52	\$1,547.33	\$853.31	\$0.00	\$562.91
EE + Family	\$906.03	\$756.17	\$558.34	\$715.34	\$381.33	\$0.00	\$232.61	\$3,357.18	\$2,889.79	\$1,752.35	\$0.00	\$1,276.43
<b>Attached DENTAL&gt;&gt;</b> <small>(NO Longer Offered to new enrollees)</small>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>
<b>35+ Hours</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>
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
EE + Spouse	\$626.72	\$520.04	\$379.22	\$536.09	\$291.13	\$0.00	\$182.09	\$2,371.61	\$2,038.89	\$1,229.19	\$0.00	\$890.40
EE + Child(ren)	\$396.73	\$305.29	\$184.59	\$398.53	\$175.87	\$0.00	\$76.71	\$1,892.35	\$1,607.16	\$913.14	\$0.00	\$622.74
EE + Family	\$965.86	\$816.00	\$618.17	\$775.17	\$441.16	\$0.00	\$292.44	\$3,417.01	\$2,949.62	\$1,812.18	\$0.00	\$1,336.26

**MSJC-Benefit Plans and Payroll Deduction for ALL Fulltime Faculty with 11 Month Pay Frequency-with VSP Vision Eff 7/1/2022 to 6/30/2023**

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MEDICAL PLANS >>	Anthem HMO \$20	Anthem HMO \$30	Anthem DHMO\$500 (Narrow Network) - Formerly HMO\$40	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
<b>Medical Services Co-Pymts</b>	\$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.
<b>Express Scripts Prescription Co-Pymts</b>	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)
<b>Attached DENTAL&gt;&gt;</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>
35+ Hours	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
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
EE + Spouse	\$684.57	\$568.19	\$414.57	\$585.70	\$318.47	\$0.00	\$199.52	\$2,588.08	\$2,225.12	\$1,341.81	\$0.00	\$972.22
EE + Child(ren)	\$433.67	\$333.92	\$202.24	\$435.63	\$192.73	\$0.00	\$84.56	\$2,065.25	\$1,754.14	\$997.03	\$0.00	\$680.23
EE + Family	\$1,054.54	\$891.05	\$675.24	\$846.51	\$482.14	\$0.00	\$319.90	\$3,728.52	\$3,218.64	\$1,977.80	\$0.00	\$1,458.61
<b>Attached DENTAL&gt;&gt;</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>
35+ Hours	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
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
EE + Spouse	\$667.81	\$551.43	\$397.81	\$568.94	\$301.71	\$0.00	\$182.76	\$2,571.33	\$2,208.36	\$1,325.05	\$0.00	\$955.46
EE + Child(ren)	\$416.91	\$317.16	\$185.49	\$418.88	\$175.97	\$0.00	\$67.80	\$2,048.50	\$1,737.38	\$980.27	\$0.00	\$663.47
EE + Family	\$1,037.78	\$874.30	\$658.48	\$829.76	\$465.38	\$0.00	\$303.14	\$3,711.76	\$3,201.88	\$1,961.04	\$0.00	\$1,441.85
<b>Attached DENTAL&gt;&gt;</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>
35+ Hours	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
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
EE + Spouse	\$616.25	\$499.88	\$346.25	\$517.39	\$250.16	\$0.00	\$131.20	\$2,519.77	\$2,156.80	\$1,273.49	\$0.00	\$903.91
EE + Child	\$365.36	\$265.60	\$133.93	\$367.32	\$124.42	\$0.00	\$0.00	\$1,996.94	\$1,685.83	\$928.71	\$0.00	\$611.91
EE + Children	\$367.53	\$267.77	\$136.10	\$369.49	\$126.59	\$0.00	\$0.00	\$1,999.11	\$1,688.00	\$930.88	\$0.00	\$614.08
EE + Family	\$988.40	\$824.91	\$609.10	\$780.37	\$416.00	\$0.00	\$253.76	\$3,662.38	\$3,152.50	\$1,911.65	\$0.00	\$1,392.47
<b>Attached DENTAL&gt;&gt;</b> <small>(NO Longer Offered to new enrollees)</small>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>
35+ Hours	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
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
EE + Spouse	\$683.69	\$567.32	\$413.69	\$584.83	\$317.60	\$0.00	\$198.64	\$2,587.21	\$2,224.24	\$1,340.93	\$0.00	\$971.35
EE + Child(ren)	\$432.80	\$333.04	\$201.37	\$434.76	\$191.86	\$0.00	\$83.68	\$2,064.38	\$1,753.27	\$996.15	\$0.00	\$679.35
EE + Family	\$1,053.67	\$890.18	\$674.37	\$845.64	\$481.27	\$0.00	\$319.03	\$3,727.65	\$3,217.77	\$1,976.92	\$0.00	\$1,457.74

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MEDICAL PLANS >>	Anthem HMO \$20	Anthem HMO \$30	Anthem DHMO\$500 (Narrow Network) - Formerly HMO\$40	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
<b>Medical Services Co-Pymts</b>	\$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.
<b>Express Scripts Prescription Co-Pymts</b>	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)
<b>Attached DENTAL&gt;&gt;</b>	<b>Delta PPO Dental</b>	<b>DeltaPPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>	<b>Delta PPO Dental</b>
<b>35+ Hours</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>
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
EE + Spouse	\$753.02	\$625.01	\$456.02	\$644.27	\$350.32	\$0.00	\$219.47	\$2,846.89	\$2,447.63	\$1,475.99	\$0.00	\$1,069.44
EE + Child(ren)	\$477.04	\$367.31	\$222.47	\$479.20	\$212.00	\$0.00	\$93.01	\$2,271.78	\$1,929.55	\$1,096.73	\$0.00	\$748.25
EE + Family	\$1,159.99	\$980.16	\$742.76	\$931.16	\$530.35	\$0.00	\$351.89	\$4,101.37	\$3,540.50	\$2,175.58	\$0.00	\$1,604.47
<b>Attached DENTAL&gt;&gt;</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>	<b>Anthem PPO</b>
<b>35+ Hours</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>
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
EE + Spouse	\$734.59	\$606.58	\$437.59	\$625.84	\$331.88	\$0.00	\$201.04	\$2,828.46	\$2,429.20	\$1,457.56	\$0.00	\$1,051.01
EE + Child(ren)	\$458.60	\$348.88	\$204.04	\$460.76	\$193.57	\$0.00	\$74.58	\$2,253.35	\$1,911.12	\$1,078.30	\$0.00	\$729.82
EE + Family	\$1,141.56	\$961.73	\$724.33	\$912.73	\$511.92	\$0.00	\$333.46	\$4,082.94	\$3,522.07	\$2,157.14	\$0.00	\$1,586.04
<b>Attached DENTAL&gt;&gt;</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>	<b>MetLife DHMO (aka Safe Guard)</b>
<b>35+ Hours</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>
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
EE + Spouse	\$677.88	\$549.86	\$380.88	\$569.12	\$275.17	\$0.00	\$144.32	\$2,771.75	\$2,372.48	\$1,400.84	\$0.00	\$994.30
EE + Child	\$401.89	\$292.16	\$147.32	\$404.05	\$136.86	\$0.00	\$0.00	\$2,196.64	\$1,854.41	\$1,021.58	\$0.00	\$673.10
EE + Children	\$404.28	\$294.55	\$149.71	\$406.44	\$139.25	\$0.00	\$0.00	\$2,199.02	\$1,856.80	\$1,023.97	\$0.00	\$675.49
EE + Family	\$1,087.24	\$907.40	\$670.01	\$858.41	\$457.60	\$0.00	\$279.13	\$4,028.62	\$3,467.75	\$2,102.82	\$0.00	\$1,531.72
<b>Attached DENTAL&gt;&gt;</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>	<b>Delta Incentive</b>
<b>(NO Longer Offered to new enrollees)</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>
<b>35+ Hours</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>	<b>Monthly Payroll Deduction</b>
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
EE + Spouse	\$752.06	\$624.05	\$455.06	\$643.31	\$349.36	\$0.00	\$218.51	\$2,845.93	\$2,446.67	\$1,475.03	\$0.00	\$1,068.48
EE + Child(ren)	\$476.08	\$366.35	\$221.51	\$478.24	\$211.04	\$0.00	\$92.05	\$2,270.82	\$1,928.59	\$1,095.77	\$0.00	\$747.29
EE + Family	\$1,159.03	\$979.20	\$741.80	\$930.20	\$529.39	\$0.00	\$350.93	\$4,100.41	\$3,539.54	\$2,174.62	\$0.00	\$1,603.51