

Faculty - 12 months
MONTHLY PREMIUMS FOR 2023-2024

*Fringe contribution is based on level of medical enrollment and eligibility

Faculty Fringe	\$ 734.24	\$ 1,071.00	\$ 1,390.00
Faculty Plan Year 10/1/23- 9/30/24	Single	2-Party	Family
SISC Anthem PPO A- Group # 40303A Deductible \$300 individual / \$600 family; 80% Office Visits \$20 Rx \$7 generic / \$25 brand	\$842.00	\$1,640.00	\$2,298.00
SISC Anthem PPO B- Group# 40303B Deductible \$500 individual / \$1000 family; 80% Office Visits \$30 Rx \$10 generic / \$35 Brand Brand name deductible \$200 indiv. / \$500 family	\$748.00	\$1,463.00	\$2,055.00
SISC Anthem PPO C- Group# 40303C Deductible \$2000 individual / \$4000 family; 80% Office Visits \$30 Rx \$10 generic / \$35 brand Brand name deductible \$200 indiv. / \$500 family	\$660.00	\$1,289.00	\$1,806.00
SISC Anthem PPO D- Group# 40303D Deductible \$3000 individual / \$6000 family; 80% Office Visits \$40 Rx \$9 generic / \$35 brand	\$615.00	\$1,192.00	\$1,663.00
SISC Anthem PPO E- Group# 40303E Deductible \$3000 individual / \$5200 family; 90% Health Savings Account compatible; Office Vists 10% Rx \$7 generic / \$25 brand (subject to deductible)	\$594.00	\$1,151.00	\$1,607.00
SISC Anthem PPO F- Group#70303B <i>Employee & child/children ONLY</i> Deductible \$5,000 individual / \$10,000 family; 70% Office Visits \$60 (first 3 visits only) Rx \$9 generic / \$35 brand (subject to deductible)	\$533.00	\$1,020.00	\$1,020.00
All Staff Plan Year 1/1/2024 to 12/31/2024 *Dental Plans -Two year commitment required			
DELTA DENTAL- Group #6736-0001 Plan A \$50/\$150 Deductible, \$1,200/person max - Premier \$50/\$150 Deductible, \$1,400/person max - PPO \$500 adult or child ortho max	\$53.83	\$95.72	\$138.25
DELTA DENTAL- Group #6736-0003 Plan B \$50/\$150 Deductible, \$1,800/person max - Premier \$50/\$150 Deductible, \$2,000/person max - PPO \$1,000 child ortho max (no adult coverage)	\$60.15	\$106.93	\$154.50
DELTA DENTAL- GROUP #6736-01001 Plan C \$50/\$150 Deductible, \$2,200/person max - Premier \$50/\$150 Deductible, \$2,400/person max - PPO This plan has implant coverage \$500 adult or child ortho max	\$68.36	\$121.57	\$175.03
DELTA DENTAL- GROUP #6736-01003 Plan D \$50/\$150 Deductible, \$2,800/person max - Premier \$50/\$150 Deductible, \$3,000/person max - PPO This plan has implant coverage \$1,000 child ortho max (no adult coverage)	\$76.38	\$135.80	\$196.18
VISION- Group #30071230 \$0 Deductible, \$0 co-pay, \$200 allowance Yearly exam, Frame/lens/contacts 12 months Sub-Group # 0001	\$11.37	\$18.48	\$29.30

Faculty - 10 months & Part-Time Faculty
MONTHLY PREMIUMS FOR 2023-2024

*Fringe contribution is based on level of medical enrollment and eligibility.
**Fringe and premiums are prorated for 12 month coverage paid over 10 months.

Faculty Fringe	\$ 881.09	\$ 1,285.20	\$ 1,668.00
Faculty Plan Year 10/1/23- 9/30/24	Single	2-Party	Family
SISC Anthem PPO A- Group # 40303A Deductible \$300 individual / \$600 family; 80% Office Visits \$20 Rx \$7 generic / \$25 brand	\$1,010.40	\$1,968.00	\$2,757.60
SISC Anthem PPO B- Group# 40303B Deductible \$500 individual / \$1000 family; 80% Office Visits \$30 Rx \$10 generic / \$35 Brand Brand name deductible \$200 indiv. / \$500 family	\$897.60	\$1,755.60	\$2,466.00
SISC Anthem PPO C- Group# 40303C Deductible \$2000 individual / \$4000 family; 80% Office Visits \$30 Rx \$10 generic / \$35 brand Brand name deductible \$200 indiv. / \$500 family	\$792.00	\$1,546.80	\$2,167.20
SISC Anthem PPO D- Group# 40303D Deductible \$3000 individual / \$6000 family; 80% Office Visits \$40 Rx \$9 generic / \$35 brand	\$738.00	\$1,430.40	\$1,995.60
SISC Anthem PPO E- Group# 40303E Deductible \$3000 individual / \$5200 family; 90% Health Savings Account compatible; Office Vists 10% Rx \$7 generic / \$25 brand (subject to deductible)	\$712.80	\$1,381.20	\$1,928.40
SISC Anthem PPO F- Group#70303B <i>Employee & child/children ONLY</i> Deductible \$5,000 individual / \$10,000 family; 70% Office Visits \$60 (first 3 visits only) Rx \$9 generic / \$35 brand (subject to deductible)	\$639.60	\$1,224.00	\$1,224.00
All Staff Plan Year 1/1/2024 to 12/31/2024 *Dental Plans -Two year commitment required			
DELTA DENTAL- Group #6736-0001 Plan A \$50/\$150 Deductible, \$1,200/person max - Premier \$50/\$150 Deductible, \$1,400/person max - PPO \$500 adult or child ortho max	\$64.60	\$114.86	\$165.90
DELTA DENTAL- Group #6736-0003 Plan B \$50/\$150 Deductible, \$1,800/person max - Premier \$50/\$150 Deductible, \$2,000/person max - PPO \$1,000 child ortho max (no adult coverage)	\$72.18	\$128.32	\$185.40
DELTA DENTAL- GROUP #6736-01001 Plan C \$50/\$150 Deductible, \$2,200/person max - Premier \$50/\$150 Deductible, \$2,400/person max - PPO This plan has implant coverage \$500 adult or child ortho max	\$82.03	\$145.88	\$210.04
DELTA DENTAL- GROUP #6736-01003 Plan D \$50/\$150 Deductible, \$2,800/person max - Premier \$50/\$150 Deductible, \$3,000/person max - PPO This plan has implant coverage \$1,000 child ortho max (no adult coverage)	\$91.66	\$162.96	\$235.42
VISION- Group #30071230 \$0 Deductible, \$0 co-pay, \$200 allowance Yearly exam, Frame/lens/contacts 12 months Sub-Group # 0001	\$13.64	\$22.18	\$35.16

Faculty - 12 months

Voluntary Life and Dependent Life Rates	Per \$1,000
To 35	\$0.04
35-39	\$0.06
40-44	\$0.09
45-49	\$0.16
50-54	\$0.24
55-59	\$0.39
60-64	\$0.65
65-69	\$1.09
70+	\$1.85
Dep. Child Life	\$0.20

Voluntary AD&D	Per \$1,000
Employee	\$0.0350
Spouse	\$0.0350
Child	\$0.0150

Faculty - 10 months

Voluntary Life and Dependent Life Rates	Per \$1,000
To 35	\$0.05
35-39	\$0.07
40-44	\$0.11
45-49	\$0.19
50-54	\$0.29
55-59	\$0.47
60-64	\$0.78
65-69	\$1.31
70+	\$2.22
Dep. Child Life	\$0.24

Voluntary AD&D	Per \$1,000
Employee	\$0.0420
Spouse	\$0.0420
Child	\$0.0180