

PPO Dental Coverage Monthly Premiums	01/01/23 – 12/31/23
Employee Coverage (paid by College)	\$25.95
Spouse Coverage	\$28.28
Child(ren) Coverage	\$28.80
Family Coverage	\$64.86

DHMO Fully Insured Premium Rates	01/01/23 –12/31/23
Employee Coverage (paid by College)	\$12.68
Spouse Coverage	\$ 9.52
Child(ren) Coverage	\$13.96
Family Coverage	\$24.74

Vision Insurance Fully Insured Monthly Premiums	01/01/23 – 12/31/23
Employee Coverage (paid by College)	\$5.65
Dependent(s)	\$6.72

DV (Dental and Vision) Plans (for health insurance opt out employees)	01/01/23 –12/31/23
Employee Coverage (paid by College)	\$111.00
Spouse Coverage	\$ 38.30
Child(ren) Coverage	\$ 39.22
Family Coverage	\$ 85.12

Life Insurance Monthly Premiums	Proposed 01/01/23 – 12/31/23
Per \$1,000 of Coverage	
Employee Coverage (paid by College)	\$0.221
Employee Supplemental (paid by employees)	\$0.267
Fixed Amount Coverage	
Spouse \$25,000 coverage (paid by employees)	\$7.64
Children \$10,000 coverage (paid by employees)	\$2.10