

MEDICAL INSURANCE

Option	Employee Only A	Employee and Spouse B	Employee and Child(ren) C	Employee and Family D
1. No Coverage	\$0	\$0	\$0	\$0
2. BCBS Low	\$280.25	\$518.00	\$396.00	\$679.25
3. BCBS Basic	375.25	711.00	565.00	951.25
4. BCBS High	491.25	962.00	839.00	1,296.25
5. BCBS Qualifying High Deductible	280.25	518.00	408.00	679.25

*Price tags are not applicable if you have a spouse employed at the university, in which case, your Campus Benefits Office should be contacted.

DENTAL INSURANCE

Option	Employee Only A	Employee and Spouse B	Employee and Child(ren) C	Employee and Family D
1. No Coverage	\$0	\$0	\$0	\$0
2. BCBS	\$20.75	\$33.75	\$36.50	\$56.00

VISION CARE INSURANCE

Option	Employee Only A	Employee and Spouse B	Employee and Child(ren) C	Employee and Family D
1. No Coverage	\$0	\$0	\$0	\$0
2. EyeMed Vision Care	\$8.46	\$18.58	\$18.58	\$23.31.225 TD[2. BCBS