

2024 HEALTH AND DENTAL INSURANCE RATES

Effective January 1, 2024

INSURANCE PREMIUM CHARGED TO THE EMPLOYEE BY THE COLLEGE

Employee premiums are set by their Collective Bargaining Agreement or Handbook

HEALTH INSURANCE

Faculty Health

Medical – Faculty (No Edits)

Coverage Level	Monthly	Bi-Weekly
Employee	\$241.77 (25%, 12 month)	\$120.89 (12 month)
Family	\$609.29 (25%, 12 month)	\$304.65 (12 month)

Faculty (No Edits)- 10 Month

Coverage Level	Monthly	Bi-Weekly
Employee	\$290.11 (25%, 10 month)	\$145.05 (10 month)
Family	\$731.15 (25%, 10 month)	\$365.58 (10 month)

Other Employee Groups Health

Educational Support Staff, Executive, Managerial Confidential, Administrative Professional, Maintenance, & Full-Time Non-Bargaining Unit/Grant/Temporary.

Coverage Level	Monthly	Bi-Weekly
Employee	\$221.78 (25%)	\$110.89
Family	\$558.91 (25%)	\$279.45

Adjunct Faculty Health

Eligibility in Accordance to Collective Bargaining Agreement

Coverage Level	Monthly	Yearly
Employee	\$887.10 (100%)	\$10,645.24
Family	\$2,235.66 (100%)	\$26,827.94

DENTAL

Full-Time Faculty, Educational Support Staff, Executive, Managerial Confidential, Administrative Professional, Maintenance, & Full-Time Non-Bargaining Unit/Grant/Temporary.

College Plans (MetLife)

Base (Low)

Coverage Level	Monthly	Bi-Weekly
Employee	Free	Free
Family	\$36.70	\$18.35

Buy-Up (High)

Coverage Level	Monthly	Bi-Weekly
Employee	\$29.46	\$14.73
Family	\$118.99	\$59.50

County Dental Plan (Excellus BC/BS)

Coverage Level	Monthly	Bi-Weekly
Employee	\$9.72	\$4.86
Family	\$72.22	\$36.11

All Employee Groups VISION

Full-Time Faculty, Educational Support Staff, Executive, Managerial Confidential, Administrative Professional, Maintenance, & Full-Time Non-Bargaining Unit/Grant/Temporary.

Designer Plan

Coverage Level	12 Month Bi-Weekly	10 Month Bi-Weekly
Employee	\$3.19	\$3.82
Employee/Spouse	\$5.73	\$6.88
Employee/Child(ren)	\$6.05	\$7.25
Family	\$9.55	\$11.46

Premier Plan

Coverage Level	12 Month Bi-Weekly	10 Month Bi-Weekly
Employee	\$6.54	\$7.85
Employee/Spouse	\$11.77	\$14.12
Employee/Child(ren)	\$12.43	\$14.91
Family	\$19.62	\$23.54

2024 Retiree Health Insurance Rates- Medicare Advantage Plans

United Healthcare PPO Plan

Monthly Rate:	\$275.00
Retiree Cost:	10% = \$27.50; 15% = \$41.25; 18% = \$49.50; 21% = \$57.75; 25% = \$68.75

TOTAL INSURANCE PREMIUM CHARGED TO THE COLLEGE

Faculty Health (No Edits)

	Monthly Premium	Yearly Premium
Employee	\$967.07	\$11,603.76
Family	\$2,437.17	\$29,246.09

All Other Employee Group Health (Edits)

	Monthly Premium	Yearly Premium
Employee	\$887.10	\$10,645.24
Family	\$2,235.66	\$26,827.94

Dental

College Plans (MetLife)

Base (Low)

Coverage Level	Monthly	Yearly
Employee	\$19.90	\$238.82
Family	\$56.60	\$679.26

Buy-Up (High)

Coverage Level	Monthly	Yearly
Employee	\$49.36	\$592.35
Family	\$138.90	\$1,666.69

County Dental Plan (Excellus BC/BS)

Coverage Level	Monthly	Yearly
Employee	\$29.62	\$355.44
Family	\$92.12	\$1,105.44