

\*All rates are per pay period and pre tax

<b>Traditional Health Insurance</b>			
<b>Network Choice</b>	<b>Single</b>	<b>2 Party</b>	<b>Family</b>
Participating	\$ 63.00	\$ 138.00	\$ 192.00
Preferred Value Care	\$ 32.00	\$ 71.00	\$ 97.00
Preferred Focal Point	\$ 7.50	\$ 17.00	\$ 23.50

<b>High Deductible Health Plan</b>			
<b>Network Choice</b>	<b>Single</b>	<b>2 Party</b>	<b>Family</b>
Participating	\$ 43.25	\$ 93.25	\$ 134.50
Preferred Value Care	\$ 14.00	\$ 32.00	\$ 43.00
Preferred Focal Point	\$ 0	\$ 0	\$ 0

<b>Dental Rates</b>	
Single	\$2.25
2 Party	\$3.75
Family	\$5.95

<b>Vision Rates</b>	
Single	Paid by the college
2 Party	paid by the college
Family	paid by the college