

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 | \$226.40 | \$403.60 | \$309.20 | \$523.20 |
| 3. BCBS Basic | 311.40 | 576.60 | 461.20 | 767.20 |
| 4. BCBS High | 415.40 | 801.60 | 707.20 | 1,077.20 |
| 5. BCBS Qualifying High Deductible | 226.40 | 403.60 | 320.20 | 523.20 |

*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 | | | | |