

**MONTHLY RATES FOR FULL-TIME FACULTY,
ADMINISTRATORS, AND STAFF**
New Three Tier Structure

Medical	Individual	Individual + 1	Family
Meritain PPO	\$52.00	\$182.00	\$202.00
Meritain Select HMO (formerly Advantage HMO)	\$30.00	\$117.00	\$126.00
Meritain CHA HMO (formerly Meritain HMO)	\$40.00	\$151.00	\$163.00
No Coverage	(\$33.00)		(\$33.00)

NOTE: Rates include medical and prescription coverage

Dental	Individual	Individual + 1	Family
*Delta Premier (PPO) - 2007	\$15.42	\$30.56	\$67.00
*Delta Preferred (POS) - 2007	\$20.38	\$41.60	\$86.88
*Delta Premier (PPO) - 2008	\$17.05	\$33.48	\$73.31
*Delta Preferred (POS) - 2008	\$22.32	\$45.22	\$93.41

NOTE: Mandatory two-year enrollment with a guaranteed rate structure.

Vision	Individual	Individual + 1	Family
Eye Med	\$8.31	\$15.71	\$23.03

NOTE: Four year rate guarantee

Supplemental Life Insurance

Rates for Supplemental Life Insurance are based on your age and the amount of additional coverage you desire. Use the chart and example on the next page to calculate your monthly rate. Your premium is an after-tax deduction.

Dependent Life Insurance	Rate
Spouse \$12,500 Benefit	\$3.36
Child(ren) \$5,000 Benefit	\$0.76

NOTE: Your premium is an after-tax deduction.