

**ACTIVE FACULTY AND STAFF GROUP INSURANCE RATES
January 1, 2009**

Anthem PPO Medical, Dental and Vision Coverage

Deductible: \$1,000 Employee \$2,000 Family	Your 2009 Annual Cost	Your 2009 Bi-weekly Cost
Employee Only*	\$988.00	\$38.00
Employee Only**	\$1,664.00	\$64.00
Employee + One	\$3,146.00	\$121.00
Family	\$4,472.00	\$172.00

**Active single employees earning \$30,000 per year or less*

***Active single employees earning over \$30,000 per year*

Anthem HRA Plan Medical, Dental and Vision Coverage

HRA Contribution: \$1,000 Single \$2,000 Family	Your 2009 Annual Cost	Your 2009 Bi-weekly Cost
Employee Only*	\$676.00	\$26.00
Employee Only**	\$1,092.00	\$42.00
Employee + One	\$2,106.00	\$81.00
Family	\$2,964.00	\$114.00

**Active single employees earning \$30,000 per year or less*

***Active single employees earning over \$30,000 per year*

MetLife Basic Life Insurance

\$50,000 Death Benefit \$1.00 Bi-weekly

