

MONTHLY MEDICAL INSURANCE RATES

| PLAN NAME | Nov 1, 2024 - Oct 31, 2025 EMPLOYEE CONTRIBUTION |
|-------------------------------------|---|
| PERSONAL CHOICE PPO HIGH DEDUCTIBLE | |
| SINGLE COVERAGE | \$ (136.66) * |
| PARENT/CHILDREN COVERAGE | (226.39) * |
| EMPLOYEE/SPOUSE COVERAGE | (83.22) * |
| FAMILY COVERAGE | 213.83 |
| KEYSTONE HMO | |
| SINGLE COVERAGE | \$ 16.17 |
| PARENT/CHILDREN COVERAGE | 41.02 |
| EMPLOYEE/SPOUSE COVERAGE | 263.94 |
| FAMILY COVERAGE | 658.85 |
| KEYSTONE POS | |
| SINGLE COVERAGE | \$ 48.46 |
| PARENT/CHILDREN COVERAGE | 98.67 |
| EMPLOYEE/SPOUSE COVERAGE | 338.36 |
| FAMILY COVERAGE | 753.76 |
| PERSONAL CHOICE PPO | |
| SINGLE COVERAGE | \$ 137.97 |
| PARENT/CHILDREN COVERAGE | 262.48 |
| EMPLOYEE/SPOUSE COVERAGE | 547.37 |
| FAMILY COVERAGE | 1,017.66 |

Medical employee rates are unchanged from last year. The College's share of the premium cost varies from 64% to 128% depending on the employee's choice of plan and coverage type. In aggregate, the College will pay approximately 89% of the total insurance premium cost over the course of the upcoming benefit year on behalf of our employees.

* A negative amount as the employee contribution means the College pays the employee this amount monthly in their paycheck. An employee may choose to use this or any amount of money to fund a Health Savings Account (HSA) or a Flexible Spending Account (FSA) from which out-of-pocket medical expenses (co-pays, deductibles, co-insurance) can be paid. Additional information about how to create and fund an HSA or FSA account can be found on the Human Resources website or by contacting the HR office.

MONTHLY DENTAL AND LIFE INSURANCE RATES

NOVEMBER 1, 2024 - OCTOBER 31, 2025

DENTAL

Dental insurance premium rates are unchanged from last year. The College will pay \$28.27 toward each employee's dental insurance premium, regardless of coverage level.

| | EMPLOYEE CONTRIBUTION |
|--------------------------|-----------------------|
| SINGLE COVERAGE | \$0.00 |
| PARENT/CHILD COVERAGE | 32.15 |
| PARENT/CHILDREN COVERAGE | 66.22 |
| EMPLOYEE/SPOUSE COVERAGE | 32.15 |
| FAMILY COVERAGE | 66.22 |

SUPPLEMENTAL LIFE (for employees or spouses)

| | RATES PER \$10,000 OF COVERAGE PER MONTH |
|----------------------------|---|
| AGE AS OF NOVEMBER 1, 2023 | |
| Under 30 | \$0.72 |
| 30-34 | 0.83 |
| 35-39 | 1.12 |
| 40-44 | 1.78 |
| 45-49 | 2.99 |
| 50-54 | 4.77 |
| 55-59 | 7.57 |
| 60-64 | 9.54 |
| 65-69 | 15.24 |
| 70-74 | 26.93 |
| Over 74 | 45.63 |

DEPENDENT CHILD LIFE (for children ages 15 days to 26 years old)

| | RATES PER MONTH |
|----------------|--------------------|
| BENEFIT AMOUNT | |
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