

Employee Payroll Contributions (Full-Time)

Medical Plans (Full-Time Employees)

For the 2022 plan year, for eligible full-time employees enrolled in the Basic HDHP or the HDHP, the College will contribute to your HSA: \$1,000 if you enroll with Employee Only coverage or \$2,000 if you cover one or more dependents, paid in 2 equal semi-annual deposits. This is in addition to the College's costs shown below.

COVERAGE TIER	BASIC HIGH DEDUCTIBLE HEALTH PLAN			HIGH DEDUCTIBLE HEALTH PLAN		
	MONTHLY COLLEGE COST	EMPLOYEE PAYROLL COST		MONTHLY COLLEGE COST	EMPLOYEE PAYROLL COST	
		MONTHLY	BI-WEEKLY		MONTHLY	BI-WEEKLY
Employee Only	\$654.79	\$0.00	\$0.00	\$700.60	\$11.29	\$5.64
Employee & Child	\$987.55	\$0.00	\$0.00	\$1,050.63	\$22.57	\$11.29
Employee & Children	\$1,438.38	\$0.00	\$0.00	\$1,507.60	\$56.44	\$28.22
Employee & Spouse/ Partner	\$1,502.79	\$0.00	\$0.00	\$1,549.48	\$84.66	\$42.33
Family	\$1,947.20	\$0.00	\$0.00	\$2,005.08	\$112.87	\$56.44

COVERAGE TIER	KEYSTONE HMO PLAN			PERSONAL CHOICE PPO PLAN		
	MONTHLY COLLEGE COST	EMPLOYEE PAYROLL COST		MONTHLY COLLEGE COST	EMPLOYEE PAYROLL COST	
		MONTHLY	BI-WEEKLY		MONTHLY	BI-WEEKLY
Employee Only	\$682.12	\$33.86	\$16.93	\$549.62	\$212.99	\$106.50
Employee & Child	\$1,019.80	\$54.18	\$27.09	\$487.66	\$656.25	\$328.13
Employee & Children	\$1,413.99	\$161.18	\$80.59	\$923.63	\$754.11	\$377.06
Employee & Spouse/ Partner	\$1,370.45	\$276.32	\$138.16	\$930.81	\$823.19	\$411.60
Family	\$1,604.19	\$536.60	\$268.30	\$1,416.71	\$863.49	\$431.74

The POS plan is closed to new enrollment; see page 5 of this Guidebook for more information.

COVERAGE TIER	KEYSTONE POS PLAN		
	MONTHLY COLLEGE COST	EMPLOYEE PAYROLL COST	
		MONTHLY	BI-WEEKLY
Employee Only	\$635.23	\$74.84	\$37.42
Employee & Child	\$938.47	\$126.65	\$63.32
Employee & Children	\$1,320.39	\$241.78	\$120.89
Employee & Spouse/ Partner	\$1,270.50	\$362.67	\$181.33
Family	\$1,449.60	\$673.52	\$336.76

Employee Payroll Contributions (Part-Time)

Medical Plans (Part-Time Employees)

COVERAGE TIER	BASIC HIGH DEDUCTIBLE HEALTH PLAN			HIGH DEDUCTIBLE HEALTH PLAN		
	MONTHLY COLLEGE COST	EMPLOYEE PAYROLL COST		MONTHLY COLLEGE COST	EMPLOYEE PAYROLL COST	
		MONTHLY	BI-WEEKLY		MONTHLY	BI-WEEKLY
Employee Only	\$608.50	\$46.29	\$23.15	\$647.47	\$64.42	\$32.21
Employee & Child	\$849.74	\$137.81	\$68.90	\$902.15	\$171.06	\$85.53
Employee & Children	\$1,290.76	\$147.62	\$73.81	\$1,372.47	\$191.56	\$95.78
Employee & Spouse/ Partner	\$1,314.64	\$188.15	\$94.07	\$1,397.05	\$237.09	\$118.54
Family	\$1,746.84	\$200.35	\$100.18	\$1,857.90	\$260.05	\$130.02

COVERAGE TIER	KEYSTONE HMO PLAN			PERSONAL CHOICE PPO PLAN		
	MONTHLY COLLEGE COST	EMPLOYEE PAYROLL COST		MONTHLY COLLEGE COST	EMPLOYEE PAYROLL COST	
		MONTHLY	BI-WEEKLY		MONTHLY	BI-WEEKLY
Employee Only	\$682.12	\$33.86	\$16.93	\$359.4	\$403.21	\$201.61
Employee & Child	\$741.44	\$332.54	\$166.27	\$166.21	\$977.70	\$488.85
Employee & Children	\$1,103.90	\$471.27	\$235.63	\$562.23	\$1,115.51	\$557.76
Employee & Spouse/ Partner	\$1,084.95	\$561.82	\$280.91	\$527.37	\$1,226.63	\$613.32
Family	\$1,236.02	\$904.78	\$452.39	\$1,014.09	\$1,266.11	\$633.05

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COVERAGE TIER	KEYSTONE POS PLAN		
	MONTHLY COLLEGE COST	EMPLOYEE PAYROLL COST	
		MONTHLY	BI-WEEKLY
Employee Only	\$490.41	\$219.66	\$109.83
Employee & Child	\$673.70	\$391.41	\$195.71
Employee & Children	\$1,032.22	\$529.95	\$264.98
Employee & Spouse/ Partner	\$994.99	\$638.18	\$319.09
Family	\$1,122.58	\$1,000.54	\$500.27

Employee Payroll Contributions (Dental & Vision)



Dental Plan (*Full-Time and Part-Time Employees*)

The College provides Basic Dental at no cost to you.

COVERAGE TIER	BUY-UP DENTAL PLAN		
	MONTHLY COLLEGE COST	EMPLOYEE PAYROLL COST	
		MONTHLY	BI-WEEKLY
Employee Only	\$20.89	\$15.71	\$7.86
Employee & Child	\$55.32	\$41.53	\$20.77
Employee & Children	\$55.32	\$41.53	\$20.77
Employee & Spouse/Partner	\$55.32	\$41.53	\$20.77
Family	\$55.32	\$41.53	\$20.77

Vision Plans (*Full-Time and Part-Time Employees*)

The College provides Basic Vision at no cost to you.

COVERAGE TIER	BUY-UP VISION PLAN		
	MONTHLY COLLEGE COST	EMPLOYEE PAYROLL COST	
		MONTHLY	BI-WEEKLY
Employee Only	\$2.93	\$1.79	\$0.90
Employee & Child	\$7.63	\$4.58	\$2.29
Employee & Children	\$7.63	\$4.58	\$2.29
Employee & Spouse/Partner	\$7.63	\$4.58	\$2.29
Family	\$7.63	\$4.58	\$2.29