

Employee Payroll Contributions (Bi-Weekly)



Full-Time Medical (Bi-Weekly)

PLAN COVERAGE	BASIC HIGH DEDUCTIBLE* HEALTH PLAN	HIGH DEDUCTIBLE* HEALTH PLAN	KEYSTONE HMO PLAN	PERSONAL CHOICE PPO PLAN	KEYSTONE POS PLAN**
Employee Only	\$0.00	\$5.00	\$15.00	\$94.35	\$33.15
Employee & Child	\$0.00	\$10.00	\$24.00	\$290.70	\$56.10
Employee & Children	\$0.00	\$25.00	\$71.40	\$334.05	\$107.10
Employee & Spouse/Partner	\$0.00	\$37.50	\$122.40	\$364.65	\$160.65
Family	\$0.00	\$50.00	\$237.70	\$382.50	\$298.35

*For the 2020 plan year, 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.

Part-Time Medical (Bi-Weekly)

PLAN COVERAGE	BASIC HIGH DEDUCTIBLE HEALTH PLAN	HIGH DEDUCTIBLE HEALTH PLAN	KEYSTONE HMO PLAN	PERSONAL CHOICE PPO PLAN	KEYSTONE POS PLAN**
Employee Only	\$20.51	\$28.54	\$15.00	\$178.61	\$97.30
Employee & Child	\$61.04	\$75.78	\$147.30	\$433.09	\$173.38
Employee & Children	\$65.39	\$84.86	\$208.76	\$494.14	\$234.75
Employee & Spouse/Partner	\$83.34	\$105.02	\$248.87	\$543.36	\$282.69
Family	\$88.75	\$115.19	\$400.79	\$560.85	\$443.21

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

Dental & Vision Buy Up Rates (Bi-Weekly for Full-Time and Part-Time Employees)

PLAN COVERAGE	DENTAL BUY UP	VISION BUY UP
Employee Only	\$7.61	\$0.90
Employee & Child	\$20.12	\$2.29
Employee & Children	\$20.12	\$2.29
Employee & Spouse/Partner	\$20.12	\$2.29
Family	\$20.12	\$2.29

10 Please Note: The College provides Basic Dental and Basic Vision at no cost to you.

Employee Payroll Contributions (Monthly)



Full-Time Medical (Monthly)

PLAN COVERAGE	BASIC HIGH DEDUCTIBLE* HEALTH PLAN	HIGH DEDUCTIBLE* HEALTH PLAN	KEYSTONE HMO PLAN	PERSONAL CHOICE PPO PLAN	KEYSTONE POS PLAN**
Employee Only	\$0.00	\$10.00	\$30.00	\$188.70	\$66.30
Employee & Child	\$0.00	\$20.00	\$48.00	\$581.40	\$112.20
Employee & Children	\$0.00	\$50.00	\$142.80	\$668.10	\$214.20
Employee & Spouse/Partner	\$0.00	\$75.00	\$244.80	\$729.30	\$321.30
Family	\$0.00	\$100.00	\$475.40	\$765.00	\$596.70

*For the 2020 plan year, 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.

Part-Time Medical (Monthly)

PLAN COVERAGE	BASIC HIGH DEDUCTIBLE HEALTH PLAN	HIGH DEDUCTIBLE HEALTH PLAN	KEYSTONE HMO PLAN	PERSONAL CHOICE PPO PLAN	KEYSTONE POS PLAN**
Employee Only	\$41.01	\$57.07	\$30.00	\$357.22	\$194.61
Employee & Child	\$122.09	\$151.55	\$294.61	\$866.18	\$346.77
Employee & Children	\$130.78	\$169.71	\$417.52	\$988.28	\$469.51
Employee & Spouse/Partner	\$166.69	\$210.04	\$497.74	\$1,086.72	\$565.39
Family	\$177.50	\$230.39	\$801.58	\$1,121.69	\$886.42

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

Dental & Vision Buy Up Rates (Monthly for Full-Time and Part-Time Employees)

PLAN COVERAGE	DENTAL BUY UP	VISION BUY UP
Employee Only	\$15.22	\$1.79
Employee & Child	\$40.24	\$4.58
Employee & Children	\$40.24	\$4.58
Employee & Spouse/Partner	\$40.24	\$4.58
Family	\$40.24	\$4.58

Please Note: The College provides Basic Dental and Basic Vision at no cost to you.