

Faculty - 12 months
MONTHLY PREMIUMS FOR 2024-2025

*Fringe contribution is based on level of medical enrollment and eligibility

Faculty Fringe	\$ 756.27	\$ 1,103.13	\$ 1,431.70
Faculty Plan Year 10/1/24- 9/30/25	Single	2-Party	Family
SISC Anthem PPO A- Group # 40303A Deductible \$300 individual / \$600 family; 80% Office Visits \$20 Rx \$7 generic / \$25 brand	\$882.00	\$1,719.00	\$2,410.00
SISC Anthem PPO B- Group# 40303B Deductible \$500 individual / \$1000 family; 80% Office Visits \$30 Rx \$10 generic / \$35 Brand Brand name deductible \$200 indiv. / \$500 family	\$788.00	\$1,543.00	\$2,167.00
SISC Anthem PPO C- Group# 40303C Deductible \$2000 individual / \$4000 family; 80% Office Visits \$30 Rx \$10 generic / \$35 brand Brand name deductible \$200 indiv. / \$500 family	\$696.00	\$1,359.00	\$1,905.00
SISC Anthem PPO D- Group# 40303D Deductible \$3000 individual / \$6000 family; 80% Office Visits \$40 Rx \$9 generic / \$35 brand	\$643.00	\$1,248.00	\$1,742.00
SISC Anthem PPO E- Group# 40303E Deductible \$3400 individual / \$6800 family; 90% Office Visits- Deductible needs to be met first Health Savings Account compatible Rx \$7 generic / \$25 brand (subject to deductible)	\$613.00	\$1,188.00	\$1,660.00
SISC Anthem PPO F- Group#70303B Deductible \$5,000 individual / \$10,000 family; 70% Office Visits- Deductible needs to be met first Health Savings Account compatible Rx \$9 generic / \$35 brand (subject to deductible)	\$561.00	\$1,074.00	\$1,074.00
All Staff Plan Year 1/1/2025 to 12/31/2025 *Dental Plans -Two year commitment required			
DELTA DENTAL- Group #6736-0001 Plan A \$50/\$150 Deductible, \$1,200/person max - Premier \$50/\$150 Deductible, \$1,400/person max - PPO \$500 adult or child ortho max	\$53.83	\$95.72	\$138.25
DELTA DENTAL- Group #6736-0003 Plan B \$50/\$150 Deductible, \$1,800/person max - Premier \$50/\$150 Deductible, \$2,000/person max - PPO \$1,000 child ortho max (no adult coverage)	\$60.15	\$106.93	\$154.50
DELTA DENTAL- GROUP #6736-01001 Plan C \$50/\$150 Deductible, \$2,200/person max - Premier \$50/\$150 Deductible, \$2,400/person max - PPO This plan has implant coverage \$500 adult or child ortho max	\$68.36	\$121.57	\$175.03
DELTA DENTAL- GROUP #6736-01003 Plan D \$50/\$150 Deductible, \$2,800/person max - Premier \$50/\$150 Deductible, \$3,000/person max - PPO This plan has implant coverage \$1,000 child ortho max (no adult coverage)	\$76.38	\$135.80	\$196.18
VISION- Group #30071230 \$0 Deductible, \$0 co-pay, \$250 allowance Yearly exam, Frame/lens/contacts 12 months Sub-Group # 0001	\$11.37	\$18.48	\$29.30

Faculty - 10 months & Part-Time Faculty
MONTHLY PREMIUMS FOR 2024-2025

*Fringe contribution is based on level of medical enrollment and eligibility.

**Fringe and premiums are prorated for 12 month coverage paid over 10 months.

Faculty Fringe	\$ 907.52	\$ 1,323.76	\$ 1,718.04
Faculty Plan Year 10/1/24- 9/30/25	Single	2-Party	Family
SISC Anthem PPO A- Group # 40303A Deductible \$300 individual / \$600 family; 80% Office Visits \$20 Rx \$7 generic / \$25 brand	\$1,058.40	\$2,062.80	\$2,892.00
SISC Anthem PPO B- Group# 40303B Deductible \$500 individual / \$1000 family; 80% Office Visits \$30 Rx \$10 generic / \$35 Brand Brand name deductible \$200 indiv. / \$500 family	\$945.60	\$1,851.60	\$2,600.40
SISC Anthem PPO C- Group# 40303C Deductible \$2000 individual / \$4000 family; 80% Office Visits \$30 Rx \$10 generic / \$35 brand Brand name deductible \$200 indiv. / \$500 family	\$835.20	\$1,630.80	\$2,286.00
SISC Anthem PPO D- Group# 40303D Deductible \$3000 individual / \$6000 family; 80% Office Visits \$40 Rx \$9 generic / \$35 brand	\$771.60	\$1,497.60	\$2,090.40
SISC Anthem PPO E- Group# 40303E Deductible \$3400 individual / \$6800 family; 90% Office Visits- Deductible needs to be met first Health Savings Account compatible Rx \$7 generic / \$25 brand (subject to deductible)	\$735.60	\$1,425.60	\$1,992.00
SISC Anthem PPO F- Group#70303B Deductible \$5,000 individual / \$10,000 family; 70% Office Visits- Deductible needs to be met first Health Savings Account compatible Rx \$9 generic / \$35 brand (subject to deductible)	\$673.20	\$1,288.80	\$1,288.80
All Staff Plan Year 1/1/2025 to 12/31/2025 *Dental Plans -Two year commitment required			
DELTA DENTAL- Group #6736-0001 Plan A \$50/\$150 Deductible, \$1,200/person max - Premier \$50/\$150 Deductible, \$1,400/person max - PPO \$500 adult or child ortho max	\$64.60	\$114.86	\$165.90
DELTA DENTAL- Group #6736-0003 Plan B \$50/\$150 Deductible, \$1,800/person max - Premier \$50/\$150 Deductible, \$2,000/person max - PPO \$1,000 child ortho max (no adult coverage)	\$72.18	\$128.32	\$185.40
DELTA DENTAL- GROUP #6736-01001 Plan C \$50/\$150 Deductible, \$2,200/person max - Premier \$50/\$150 Deductible, \$2,400/person max - PPO This plan has implant coverage \$500 adult or child ortho max	\$82.03	\$145.88	\$210.04
DELTA DENTAL- GROUP #6736-01003 Plan D \$50/\$150 Deductible, \$2,800/person max - Premier \$50/\$150 Deductible, \$3,000/person max - PPO This plan has implant coverage \$1,000 child ortho max (no adult coverage)	\$91.66	\$162.96	\$235.42
VISION- Group #30071230 \$0 Deductible, \$0 co-pay, \$250 allowance Yearly exam, Frame/lens/contacts 12 months Sub-Group # 0001	\$13.64	\$22.18	\$35.16