

**Hampden-Sydney College**  
**2023 Medical, Dental & Vision Insurance Rates**  
**Plan 4 (Low Deductible)**  
**\$750/\$1,500 Deductible**  
**\$20.00 Co-pay \$40.00 (Specialist)**

Tier 1 - Employees earning from **\$0 to \$28,000.**  
Tier 2 - Employees earning from **\$28,001 to \$38,000.**  
Tier 3 - Employees earning from **\$38,001 to \$48,000.**  
Tier 4 - Employees earning from **\$48,001 and above.**

	ANTHEM MEDICAL			DELTA DENTAL - LOW PLAN			DELTA DENTAL - HIGH PLAN		
	Employee Pays Monthly Rate	College Pays	Total Monthly Medical Premium	Employee Pays Monthly Rate	College Pays	Total Monthly Dental Premium	Employee Pays Monthly Rate	College Pays	Total Monthly Dental Premium
<b>EMPLOYEE (Tier 1)</b>									
EE	115.04	693.96	809.00	4.20	23.80	28.00	23.20	23.80	47.00
EE/Child	138.60	836.40	975.00	5.84	33.16	39.00	39.84	33.16	73.00
EE/Children	212.84	1284.16	1497.00	7.20	40.80	48.00	47.20	40.80	88.00
EE/Spouse	230.24	1388.76	1619.00	7.80	44.20	52.00	52.80	44.20	97.00
EE/Family	304.80	1839.20	2144.00	10.34	58.66	69.00	76.34	58.66	135.00
<b>EMPLOYEE (Tier 2)</b>									
EE	191.74	617.26	809.00	7.00	21.00	28.00	26.00	21.00	47.00
EE/Child	231.00	744.00	975.00	9.74	29.26	39.00	43.74	29.26	73.00
EE/Children	354.74	1142.26	1497.00	12.00	36.00	48.00	52.00	36.00	88.00
EE/Spouse	383.74	1235.26	1619.00	13.00	39.00	52.00	58.00	39.00	97.00
EE/Family	508.00	1636.00	2144.00	17.24	51.76	69.00	83.24	51.76	135.00
<b>EMPLOYEE (Tier 3)</b>									
EE	268.44	540.56	809.00	9.80	18.20	28.00	28.80	18.20	47.00
EE/Child	323.40	651.60	975.00	13.64	25.36	39.00	47.64	25.36	73.00
EE/Children	496.64	1000.36	1497.00	16.80	31.20	48.00	56.80	31.20	88.00
EE/Spouse	537.24	1081.76	1619.00	18.20	33.80	52.00	63.20	33.80	97.00
EE/Family	711.20	1432.80	2144.00	24.14	44.86	69.00	90.14	44.86	135.00
<b>EMPLOYEE (Tier 4)</b>									
EE	345.14	463.86	809.00	12.60	15.40	28.00	31.60	15.40	47.00
EE/Child	415.80	559.20	975.00	17.54	21.46	39.00	51.54	21.46	73.00
EE/Children	638.54	858.46	1497.00	21.60	26.40	48.00	61.60	26.40	88.00
EE/Spouse	690.74	928.26	1619.00	23.40	28.60	52.00	68.40	28.60	97.00
EE/Family	914.40	1229.60	2144.00	31.04	37.96	69.00	97.04	37.96	135.00

**Employee Contributions (Bi-Weekly Breakdown)**

	Employee Pays BiWeekly Rate	Employee Pays BiWeekly Rate	Employee Pays BiWeekly Rate	UniCare Vision Plan Buy-Up Monthly (100% Employee)
<b>EMPLOYEE (Tier 1)</b>				
EE	57.52	2.10	11.60	Employee 7.12
EE/Child	69.30	2.92	19.92	Employee & 1 Child 11.34
EE/Children	106.42	3.60	23.60	Employee & Children 11.34
EE/Spouse	115.12	3.90	26.40	Employee & Spouse 11.83
EE/Family	152.40	5.17	38.17	Employee & Family 18.10
<b>EMPLOYEE (Tier 2)</b>				
EE	95.87	3.50	13.00	
EE/Child	115.50	4.87	21.87	
EE/Children	177.37	6.00	26.00	
EE/Spouse	191.87	6.50	29.00	
EE/Family	254.00	8.62	41.62	
<b>EMPLOYEE (Tier 3)</b>				
EE	134.22	4.90	14.40	
EE/Child	161.70	6.82	23.82	
EE/Children	248.32	8.40	28.40	
EE/Spouse	268.62	9.10	31.60	
EE/Family	355.60	12.07	45.07	
<b>EMPLOYEE (Tier 4)</b>				
EE	172.57	6.30	15.80	
EE/Child	207.90	8.77	25.77	
EE/Children	319.27	10.80	30.80	
EE/Spouse	345.37	11.70	34.20	
EE/Family	457.20	15.52	48.52	