

Hampden-Sydney College
2023 Medical, Dental & Vision Insurance Rates
Plan 7 (High Deductible)
\$3,000/\$6,000 Deductible
No Co-pay

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
EMPLOYEE (Tier 1)									
EE	91.20	549.80	641.00	4.20	23.80	28.00	23.20	23.80	47.00
EE/Child	109.94	663.06	773.00	5.84	33.16	39.00	39.84	33.16	73.00
EE/Children	168.74	1018.26	1187.00	7.20	40.80	48.00	47.20	40.80	88.00
EE/Spouse	182.70	1102.30	1285.00	7.80	44.20	52.00	52.80	44.20	97.00
EE/Family	241.64	1458.36	1700.00	10.34	58.66	69.00	76.34	58.66	135.00
EMPLOYEE (Tier 2)									
EE	152.00	489.00	641.00	7.00	21.00	28.00	26.00	21.00	47.00
EE/Child	183.24	589.76	773.00	9.74	29.26	39.00	43.74	29.26	73.00
EE/Children	281.24	905.76	1187.00	12.00	36.00	48.00	52.00	36.00	88.00
EE/Spouse	304.50	980.50	1285.00	13.00	39.00	52.00	58.00	39.00	97.00
EE/Family	402.74	1297.26	1700.00	17.24	51.76	69.00	83.24	51.76	135.00
EMPLOYEE (Tier 3)									
EE	212.80	428.20	641.00	9.80	18.20	28.00	28.80	18.20	47.00
EE/Child	256.54	516.46	773.00	13.64	25.36	39.00	47.64	25.36	73.00
EE/Children	393.74	793.26	1187.00	16.80	31.20	48.00	56.80	31.20	88.00
EE/Spouse	426.30	858.70	1285.00	18.20	33.80	52.00	63.20	33.80	97.00
EE/Family	563.84	1136.16	1700.00	24.14	44.86	69.00	90.14	44.86	135.00
EMPLOYEE (Tier 4)									
EE	273.60	367.40	641.00	12.60	15.40	28.00	31.60	15.40	47.00
EE/Child	329.84	443.16	773.00	17.54	21.46	39.00	51.54	21.46	73.00
EE/Children	506.24	680.76	1187.00	21.60	26.40	48.00	61.60	26.40	88.00
EE/Spouse	548.10	736.90	1285.00	23.40	28.60	52.00	68.40	28.60	97.00
EE/Family	724.94	975.06	1700.00	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)
EMPLOYEE (Tier 1)				
EE	45.60	2.10	11.60	7.12
EE/Child	54.97	2.92	19.92	11.34
EE/Children	84.37	3.60	23.60	11.34
EE/Spouse	91.35	3.90	26.40	11.83
EE/Family	120.82	5.17	38.17	18.10
EMPLOYEE (Tier 2)				
EE	76.00	3.50	13.00	
EE/Child	91.62	4.87	21.87	
EE/Children	140.62	6.00	26.00	
EE/Spouse	152.25	6.50	29.00	
EE/Family	201.37	8.62	41.62	
EMPLOYEE (Tier 3)				
EE	106.40	4.90	14.40	
EE/Child	128.27	6.82	23.82	
EE/Children	196.87	8.40	28.40	
EE/Spouse	213.15	9.10	31.60	
EE/Family	281.92	12.07	45.07	
EMPLOYEE (Tier 4)				
EE	136.80	6.30	15.80	
EE/Child	164.92	8.77	25.77	
EE/Children	253.12	10.80	30.80	
EE/Spouse	274.05	11.70	34.20	
EE/Family	362.47	15.52	48.52	