

THE UNIVERSITY CORPORATION

Monthly Premium Rates Effective January 1, 2024- December 31, 2024

<u>Plan Name</u>	<u>Employee Category</u>	<u>Gross Monthly Premium</u>	<u>Employee Monthly Premium</u>	<u>Employee Semi-monthly Deduction</u>
Delta Dental HMO Plan CA 10A	Empl. Only	\$19.40	\$2.90	\$1.45
	Empl. + 1dependent	\$34.60	\$5.18	\$2.59
	Empl. + 2 or more dep.	\$51.00	\$7.64	\$3.82
Delta Dental PPO Plan B	Empl. Only	\$41.50	\$6.22	\$3.11
	Empl. + 1dependent	\$82.90	\$12.44	\$6.22
	Empl. + 2 or more dep.	\$128.30	\$19.24	\$9.62
VISION INSURANCE (VSP)				
<u>Plan Name</u>	<u>Employee Category</u>	<u>Gross Monthly Premium</u>	<u>Employee Monthly Premium</u>	<u>Employee Semi-monthly Deduction</u>
VSP Signature Plan C	Empl. Only	\$9.90	\$1.48	\$0.74
	Empl. + 1 dep	\$13.90	\$2.08	\$1.04
	Empl. + 2 or more dep.	\$24.10	\$3.62	\$1.81