Total Monthly Premiums Effect	tive January 1, 2025		
	E	<u>xcellus PPO</u>	
	Employee	\$648.89	
	Employee - Spouse	\$1,557.36	
	Employee - Child(ren)	\$1,200.46	
	Employee - Family	\$2,076.48	
Employee Contributions - 95%	Schedule		
	Weekly Payroll Deduct	ions	
Annual Base Salary			
Under \$50,000	Employee	14.11	
	Employee - Spouse	68.61	
	Employee - Child(ren)	52.35	
	Employee - Family	91.48	
\$50,000 - \$100,000	Employee	22.62	
	Employee - Spouse	119.25	
	Employee - Child(ren)	90.84	
	Employee - Family	154.39	
	Monthly Payroll Deduc	tions	
Annual Base Salary			
Under \$50,000	Employee	61.13	
	Employee - Spouse	297.30	
	Employee - Child(ren)	226.83	
	Employee - Family	396.41	
\$50,000 - \$100,000	Employee	98.01	
	Employee - Spouse	516.76	
	Employee - Child(ren)	393.65	
	Employee - Family	669.04	
\$100,000 and over	Employee	122.59	
·	Employee - Spouse	706.26	
	Employee - Child(ren)	537.70	
	Employee - Family	941.67	
	1 9 9		

The above contribution rates are effective January 1 through December 31, unless your work schedule changes, and are based on 12 monthly or 52 weekly deductions in a calendar year.

Waiver of Coverage

If you have other medical insurance coverage and wish to waive your personal coverage through the College, you would be eligible to receive an additional \$950 in taxable compensation, payable at a rate of \$79.17 a month or \$18.27 a week through the payroll system based on 12 monthly or 52 weekly credits.

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Total Monthly Premiums Effecti	ive January 1, 2025		
	Е	<u>xcellus PPO</u>	
	Employee	\$648.89	
	Employee - Spouse	\$1,557.36	
	Employee - Spouse Employee - Child(ren)	\$1,200.46	
	Employee - Family	\$2,076.48	
Employee Contributions - 90% S	^C ahadula		
Employee Contributions - 90% S	cheuule		
	Weekly Payroll Deduct	ions	
Annual Base Salary			
Under \$50,000	Employee	21.25	
	Employee - Spouse	83.91	
	Employee - Child(ren)	64.17	
	Employee - Family	111.88	
\$50,000 - \$100,000	Employee	29.31	
	Employee - Spouse	131.89	
	Employee - Child(ren)	100.64	
	Employee - Family	171.49	
	Monthly Payroll Deduc	tions	
Annual Base Salary			
Under \$50,000	Employee	92.07	
	Employee - Spouse	363.62	
	Employee - Child(ren)	278.08	
	Employee - Family	484.83	
\$50,000 - \$100,000	Employee	127.01	
	Employee - Spouse	571.53	
	Employee - Child(ren)	436.12	
	Employee - Family	743.11	
\$100,000 and over	Employee	150.29	
	Employee - Spouse	751.05	
	Employee - Child(ren)	572.58	
	Employee - Family	1001.39	

The above contribution rates are effective January 1 through December 31, unless your work schedule changes, and are based on 12 monthly or 52 weekly deductions in a calendar year.

Waiver of Coverage

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If you have other medical insurance coverage and wish to waive your personal coverage through the College, you would be eligible to receive an additional \$900 in taxable compensation, payable at a rate of \$75.00 a month or \$17.31 a week through the payroll system based on 12 monthly or 52 weekly credits.

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Total Monthly Premiums Effect	ive January 1, 2025		
	E	xcellus PPO	
	Employee	\$648.89	
	Employee - Spouse	\$1,557.36	
	Employee - Child(ren)	\$1,200.46	
	Employee - Family	\$2,076.48	
Employee Contributions - 85% S	Schedule		
	Weekly Payroll Deduct	tions	
	Weekly I ayron Deduct		
Annual Base Salary			
Under \$50,000	Employee	28.38	
	Employee - Spouse	99.22	
	Employee - Child(ren)	76.00	
	Employee - Family	132.29	
\$50,000 - \$100,000	Employee	36.00	
	Employee - Spouse	144.53	
	Employee - Child(ren)	110.44	
	Employee - Family	188.58	
	Monthly Payroll Deduc	tions	
Annual Base Salary			
Under \$50,000	Employee	123.00	
	Employee - Spouse	429.94	
	Employee - Child(ren)	329.32	
	Employee - Family	573.26	
\$50,000 - \$100,000	Employee	156.00	
	Employee - Spouse	626.30	
	Employee - Child(ren)	478.58	
	Employee - Family	817.19	
\$100,000 and over	Employee	177.99	
	Employee - Spouse	795.85	
	Employee - Child(ren)	607.47	
	Employee - Family	1061.12	

The above contribution rates are effective January 1 through December 31, unless your work schedule changes, and are based on 12 monthly or 52 weekly deductions in a calendar year.

Waiver of Coverage

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If you have other medical insurance coverage and wish to waive your personal coverage through the College, you would be eligible to receive an additional \$850 in taxable compensation, payable at a rate of \$70.83 a month or \$16.35 a week through the payroll system based on 12 monthly or 52 weekly credits.

Total Monthly Premiums Effective	e January 1, 2025		
	Ε	xcellus PPO	
	Employee	\$648.89	
	Employee - Spouse	\$1,557.36	
	Employee - Spouse Employee - Child(ren)	\$1,200.46	
	Employee - Family	\$2,076.48	
	Employee Fulling	\$2,070.10	
Employee Contributions - 80% Sci	hedule		
	Weekly Payroll Deduct	ions	
Annual Daga Salawy			
Annual Base Salary			
Under \$50,000	Employee	35.52	
	Employee - Spouse	114.52	
	Employee - Child(ren)	87.82	
	Employee - Family	152.70	
\$50,000 - \$100,000	Employee	42.69	
	Employee - Spouse	157.17	
	Employee - Child(ren)	120.24	
	Employee - Family	205.68	
	Monthly Payroll Deduc	tions	
Annual Base Salary			
Under \$50,000	Employee	153.94	
Under \$50,000	Employee - Spouse	496.26	
	Employee - Spouse Employee - Child(ren)	496.26 380.56	
	Employee - Child(ren) Employee - Family	580.56 661.68	
	Employee - ramity	001.08	
\$50,000 - \$100,000	Employee	184.99	
	Employee - Spouse	681.06	
	Employee - Child(ren)	521.04	
	Employee - Family	891.26	
\$100,000 and over	Employee	205.69	
	Employee - Spouse	840.64	
	Employee - Child(ren)	642.35	
	Employee - Family	1120.85	
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The above contribution rates are effective January 1 through December 31, unless your work schedule changes, and are based on 12 monthly or 52 weekly deductions in a calendar year.

Waiver of Coverage

If you have other medical insurance coverage and wish to waive your personal coverage through the College, you would be eligible to receive an additional \$800 in taxable compensation, payable at a rate of \$66.67 a month or \$15.38 a week through the payroll system based on 12 monthly or 52 weekly credits.

Total Monthly Premiums Effect	tive January 1, 2025		
	E	xcellus PPO	
	- Employee	\$648.89	
	Employee - Spouse	\$1,557.36	
	Employee - Child(ren)	\$1,200.46	
	Employee - Family	\$2,076.48	
	Employee Faimly	<i>42,070.10</i>	
Employee Contributions - 75%	Schedule		
	Weekly Payroll Deduc	tions	
Annual Base Salary			
U., J., 0 50 000	E l	12.00	
Under \$50,000	Employee	42.66	
	Employee - Spouse Employee - Child(ren)	129.83	
	Employee - Child(ren) Employee - Family	99.65 173.10	
	Employee - Family	1/5.10	
\$50,000 - \$100,000	Employee	49.38	
	Employee - Spouse	169.81	
	Employee - Child(ren)	130.04	
	Employee - Family	222.77	
	Monthly Payroll Deduc	tions	
Annual Base Salary			
		104.07	
Under \$50,000	Employee Employee - Spouse	184.87	
	Employee - Spouse Employee - Child(ren)	562.58	
		431.81	
	Employee - Family	750.11	
\$50,000 - \$100,000	Employee	213.99	
	Employee - Spouse	735.83	
	Employee - Child(ren)	563.51	
	Employee - Family	965.34	
\$100,000 and over	Employee	233.39	
	Employee - Spouse	885.44	
	Employee - Child(ren)	677.23	
	Employee - Family	1180.58	
	1 JJ		

The above contribution rates are effective January 1 through December 31, unless your work schedule changes, and are based on 12 monthly or 52 weekly deductions in a calendar year.

Waiver of Coverage

If you have other medical insurance coverage and wish to waive your personal coverage through the College, you would be eligible to receive an additional \$750 in taxable compensation, payable at a rate of \$62.50 a month or \$14.42 a week through the payroll system based on 12 monthly or 52 weekly credits.

Total Monthly Premiums Effect	tive January 1, 2025	
		Excellus PPO
	Employee Employee - Spouse	\$648.89 \$1.557.26
	Employee - Spouse Employee - Child(ren)	\$1,557.36 \$1,200.46
	Employee - Child(ren) Employee - Family	\$1,200.46 \$2,076.48
	Employee - Failing	\$2,070.40
Employee Contributions - 70% S	Schedule	
	Weekly Payroll Deduc	tions
Annual Base Salary		
Under \$50,000	Employee	49.80
	Employee - Spouse	145.13
	Employee - Child(ren)	111.47
	Employee - Family	193.51
		195.51
\$50,000 - \$100,000	Employee	56.07
	Employee - Spouse	182.45
	Employee - Child(ren)	139.84
	Employee - Family	239.87
	Monthly Payroll Dedu	ctions
Annual Base Salary		
Under \$50,000	Employee	215.81
	Employee - Spouse	628.89
	Employee - Child(ren)	483.05
	Employee - Family	838.53
\$50,000 - \$100,000	Employee	242.98
\$20,000 \$100,000	Employee - Spouse	790.60
	Employee - Child(ren)	605.97
	Employee - Family	1039.42
\$100,000 and over	Employee	261.09
¢100,000 and 0101	Employee - Spouse	930.23
	Employee - Child(ren)	712.11
	Employee - Family	1240.30
	Employee - raininy	12-10.30

The above contribution rates are effective January 1 through December 31, unless your work schedule changes, and are based on 12 monthly or 52 weekly deductions in a calendar year.

Waiver of Coverage

If you have other medical insurance coverage and wish to waive your personal coverage through the College, you would be eligible to receive an additional \$700 in taxable compensation, payable at a rate of \$58.33 a month or \$13.46 a week through the payroll system based on 12 monthly or 52 weekly credits.

Total Monthly Premiums Effective January 1, 2025

Total Monthly Fremiums Effecti	ve January 1, 2025		
	T		
		Excellus PPO	
	Employee	\$648.89	
	Employee - Spouse	\$1,557.36	
	Employee - Child(ren)	\$1,200.46	
	Employee - Family	\$2,076.48	
Employee Contributions - 65% S	chedule		
	Weekly Payroll Deduct	ions	
Annual Base Salary			
Under \$50,000	Employee	56.94	
	Employee - Spouse	160.43	
	Employee - Child(ren)	123.30	
	Employee - Family	213.91	
\$50,000 - \$100,000	Employee	62.76	
, , , , , , , , , , , , , , , , , , ,	Employee - Spouse	195.09	
	Employee - Child(ren)	149.64	
	Employee - Family	256.96	
	Monthly Payroll Deduct	ions	
Annual Base Salary			
Under \$50,000	Employee	246.74	
	Employee - Spouse	695.21	
	Employee - Child(ren)	534.29	
	Employee - Family	926.96	
\$50,000 - \$100,000	Employee	271.97	
	Employee - Spouse	845.37	
	Employee - Child(ren)	648.43	
	Employee - Family	1113.49	
\$100,000 and over	Employee	288.79	
	Employee - Spouse	975.03	
	Employee - Child(ren)	746.99	
	Employee - Family	1300.03	

The above contribution rates are effective January 1 through December 31, unless your work schedule changes, and are based on 12 monthly or 52 weekly deductions in a calendar year.

Waiver of Coverage

If you have other medical insurance coverage and wish to waive your personal coverage through the College, you would be eligible to receive an additional \$650 in taxable compensation, payable at a rate of \$54.17 a month or \$12.50 a week through the payroll system based on 12 monthly or 52 weekly credits.

Total Monthly Premiums Effect	ive January 1, 2025		
	Ŧ	<u>xcellus PPO</u>	
	Employee	\$648.89	
	Employee - Spouse	\$1,557.36	
	Employee - Child(ren)	\$1,200.46	
	Employee - Family	\$2,076.48	
Employee Contributions - 60% S	Schedule		
	Weekly Payroll Deduc	tions	
Annual Base Salary			
Under \$50,000	Employee	64.08	
	Employee - Spouse	175.74	
	Employee - Child(ren)	135.12	
	Employee - Family	234.32	
\$50,000 - \$100,000	Employee	69.45	
	Employee - Spouse	207.72	
	Employee - Child(ren)	159.44	
	Employee - Family	274.05	
	Monthly Payroll Deduc	tions	
Annual Base Salary			
Under \$50,000	Employee	277.68	
	Employee - Spouse	761.53	
	Employee - Child(ren)	585.54	
	Employee - Family	1015.38	
\$50,000 - \$100,000	Employee	300.97	
	Employee - Spouse	900.14	
	Employee - Child(ren)	690.90	
	Employee - Family	1187.57	
\$100,000 and over	Employee	316.49	
, · · · ·	Employee - Spouse	1019.82	
	Employee - Child(ren)	781.88	
	Employee - Family	1359.76	
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The above contribution rates are effective January 1 through December 31, unless your work schedule changes, and are based on 12 monthly or 52 weekly deductions in a calendar year.

Waiver of Coverage

If you have other medical insurance coverage and wish to waive your personal coverage through the College, you would be eligible to receive an additional \$600 in taxable compensation, payable at a rate of \$50.00 a month or \$11.54 a week through the payroll system based on 12 monthly or 52 weekly credits.

Total Monthly Premiums Effect	tive January 1, 2025		
	F		
		<u>xcellus PPO</u>	
	Employee	\$648.89	
	Employee - Spouse	\$1,557.36	
	Employee - Child(ren)	\$1,200.46	
	Employee - Family	\$2,076.48	
Employee Contributions - 55%	Schedule		
	Weekly Payroll Deduct	tions	
Annual Base Salary			
-			
Under \$50,000	Employee	71.22	
	Employee - Spouse	191.04	
	Employee - Child(ren)	146.95	
	Employee - Family	254.73	
\$50,000 - \$100,000	Employee	76.14	
· · · · · · · · · · · · · · · · · · ·	Employee - Spouse	220.36	
	Employee - Child(ren)	169.24	
	Employee - Family	291.15	
	Monthly Payroll Deduc	tions	
Annual Base Salary			
Under \$50,000	Employee	308.61	
	Employee - Spouse	827.85	
	Employee - Child(ren)	636.78	
	Employee - Family	1103.81	
\$50,000 - \$100,000	Employee	329.96	
	Employee - Spouse	954.91	
	Employee - Child(ren)	733.36	
	Employee - Family	1261.64	
\$100,000 and over	Employee	344.19	
	Employee - Spouse	1064.62	
	Employee - Child(ren)	816.76	
	Employee - Family	1419.48	
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The above contribution rates are effective January 1 through December 31, unless your work schedule changes, and are based on 12 monthly or 52 weekly deductions in a calendar year.

Waiver of Coverage

If you have other medical insurance coverage and wish to waive your personal coverage through the College, you would be eligible to receive an additional \$550 in taxable compensation, payable at a rate of \$45.83 a month or \$10.58 a week through the payroll system based on 12 monthly or 52 weekly credits.

Total Monthly Premiums Effect	ive January 1, 2025		
	E	<u>xcellus PPO</u>	
	- Employee	\$648.89	
	Employee - Spouse	\$1,557.36	
	Employee - Child(ren)	\$1,200.46	
	Employee - Family	\$2,076.48	
		\$2,070.10	
Employee Contributions - 50%	Schedule		
	Weekly Payroll Deduc	tions	
Annual Base Salary			
Under \$50,000	Employee	78.36	
Unit \$50,000	Employee - Spouse	206.35	
	Employee - Child(ren)	158.78	
	Employee - Family	275.13	
		_/****	
\$50,000 - \$100,000	Employee	82.84	
	Employee - Spouse	233.00	
	Employee - Child(ren)	179.04	
	Employee - Family	308.24	
	Monthly Payroll Deduc	tions	
Annual Base Salary			
Under \$50,000	Employee	339.55	
6 nucl \$50,000	Employee - Spouse	894.17	
	Employee - Child(ren)	688.03	
	Employee - Family	1192.23	
\$50,000 - \$100,000	Employee	358.96	
\$50,000 - \$100,000	Employee - Spouse	1009.68	
	Employee - Child(ren)	775.83	
	Employee - Family	1335.72	
\$100,000 and over	Employee	371.89	
stoo,ooo anu over	Employee - Spouse	1109.41	
	Employee - Spouse Employee - Child(ren)	851.64	
	Employee - Canad (ren)	1479.21	
	Employee - I anny	17/2.41	

The above contribution rates are effective January 1 through December 31, unless your work schedule changes, and are based on 12 monthly or 52 weekly deductions in a calendar year.

Waiver of Coverage

If you have other medical insurance coverage and wish to waive your personal coverage through the College, you would be eligible to receive an additional \$500 in taxable compensation, payable at a rate of \$41.67 a month or \$9.62 a week through the payroll system based on 12 monthly or 52 weekly credits.

	Waiver	r Credit	
Percentage	Annual	Monthly	52 Weekly
100%	1,000	83.33	19.23
95%	950	79.17	18.27
90%	900	75.00	17.31
85%	850	70.83	16.35
80%	800	66.67	15.38
75%	750	62.50	14.42
70%	700	58.33	13.46
65%	650	54.17	12.50
60%	600	50.00	11.54
55%	550	45.83	10.58
50%	500	41.67	9.62