

**2019 Semi-Monthly Benefits Rates for Employees Covering a Domestic Part or Ex-Spouse**

			PRE-TAX	POST-TAX	IMPUTED	PRE-TAX	POST-TAX	IMPUTED
2019 RATES		University Monthly Amount	Employee Monthly Amount	Employee Monthly Amount	Employee Monthly Amount	Employee Semi-Monthly Payroll Deduction	Employee Semi-Monthly Payroll Deduction	Employee Semi-Monthly Payroll Deduction
<b>Quality Tiered Plan</b>								
Employee	\$740.49	\$533.15	\$207.34	N/A	N/A	\$103.67	N/A	N/A
Two-Person	\$1,680.73	\$1,042.05	\$638.68	N/A	N/A	\$319.34	N/A	N/A
Family	\$2,108.22	\$1,307.10	\$801.12	N/A	N/A	\$400.56	N/A	N/A
Employee + DP/ExSp			\$207.34	\$431.34	\$508.90	\$103.67	\$215.67	\$254.45
*Employee + DP/ExSp + DP/ExSp child(ren)			\$207.34	\$593.78	\$773.95	\$103.67	\$296.89	\$386.98
2 person + DP/ExSp			\$638.68	\$162.44	\$265.05	\$319.34	\$81.22	\$132.53
Family + DP/ExSp			\$801.12	\$0.00	\$740.49	\$400.56	\$0.00	\$370.25
<b>Traditional Plan</b>								
Employee	\$810.94	\$583.88	\$227.06	N/A	N/A	\$113.53	N/A	N/A
Two-Person	\$1,840.60	\$1,141.17	\$699.43	N/A	N/A	\$349.72	N/A	N/A
Family	\$2,308.76	\$1,431.43	\$877.33	N/A	N/A	\$438.67	N/A	N/A
Employee + DP/ExSp			\$227.06	\$472.37	\$557.29	\$113.53	\$236.19	\$278.65
*Employee + DP/ExSp + DP/ExSp child(ren)			\$227.06	\$650.27	\$847.55	\$113.53	\$325.14	\$423.78
2 person + DP/ExSp			\$699.43	\$177.90	\$290.26	\$349.72	\$88.95	\$145.13
Family + DP/ExSp			\$877.33	\$0.00	\$810.94	\$438.67	\$0.00	\$405.47
<b>Value Plan</b>								
Employee	\$611.83	\$512.08	\$99.75	N/A	N/A	\$49.88	N/A	N/A
Two-Person	\$1,388.70	\$860.99	\$527.71	N/A	N/A	\$263.86	N/A	N/A
Family	\$1,741.91	\$1,079.98	\$661.93	N/A	N/A	\$330.97	N/A	N/A
Employee + DP/ExSp			\$99.75	\$427.96	\$348.91	\$49.88	\$213.98	\$174.46
*Employee + DP/ExSp + DP/ExSp child(ren)			\$99.75	\$562.18	\$567.90	\$49.88	\$281.09	\$283.95
2 person + DP/ExSp			\$527.71	\$134.22	\$218.99	\$263.86	\$67.11	\$109.50
Family + DP/ExSp			\$661.93	\$0.00	\$611.83	\$330.97	\$0.00	\$305.92
<b>Delta Dental</b>								
Employee	\$52.64	\$39.48	\$13.16	N/A	N/A	\$6.58	N/A	N/A
Two-Person	\$117.89	\$70.73	\$47.16	N/A	N/A	\$23.58	N/A	N/A
Family	\$141.04	\$84.62	\$56.42	N/A	N/A	\$28.21	N/A	N/A
Employee + DP/ExSp			\$13.16	\$34.00	\$31.25	\$6.58	\$17.00	\$15.63
*Employee + DP/ExSp + QD/ExSp child(ren)			\$13.16	\$43.26	\$45.14	\$6.58	\$21.63	\$22.57
2 person + DP/ExSp			\$47.16	\$9.26	\$13.89	\$23.58	\$4.63	\$6.94
Family + DP/ExSp			\$56.42	\$0.00	\$52.64	\$28.21	\$0.00	\$26.32
<b>EyeMed Vision Care</b>								
Employee	\$5.43	0	\$5.43	N/A	N/A	\$2.72	N/A	N/A
Two-Person	\$10.24	0	\$10.24	N/A	N/A	\$5.12	N/A	N/A
Family	\$15.00	0	\$15.00	N/A	N/A	\$7.50	N/A	N/A
Employee + DP/ExSp			\$5.43	\$4.81	\$0.00	\$2.72	\$2.41	\$0.00
*Employee + DP/ExSp + DP/ExSp child(ren)			\$5.43	\$9.57	\$0.00	\$2.72	\$4.79	\$0.00
2 person + DP/ExSp			\$10.24	\$4.76	\$0.00	\$5.12	\$2.38	\$0.00
Family + DP/ExSp			\$15.00	\$0.00	\$0.00	\$7.50	\$0.00	\$0.00

\* DP/ExSp + DP/EXSp Child(ren) = Domestic Partner/Ex-Spouse and Domestic Partner/Ex-Spouse Child(ren)

**2019 WEEKLY Benefits Rates for Employees Covering a Domestic Part or Ex-Spouse**

			PRE-TAX	POST-TAX	IMPUTED	PRE-TAX	POST-TAX	IMPUTED
		2019 RATES	Employee Monthly Amount	Employee Monthly Amount	Employee Monthly Amount	Employee Weekly Payroll Deduction	Employee Weekly Payroll Deduction	Employee Weekly Payroll Deduction
		University Monthly Amount						
<b>Quality Tiered Plan</b>								
Employee	\$740.49	\$533.15	\$207.34	N/A	N/A	\$47.85	N/A	N/A
Two-Person	\$1,680.73	\$1,042.05	\$638.68	N/A	N/A	\$147.39	N/A	N/A
Family	\$2,108.22	\$1,307.10	\$801.12	N/A	N/A	\$184.87	N/A	N/A
Employee + DP/ExSp			\$207.34	\$431.34	\$508.90	\$47.85	\$99.54	\$117.44
*Employee + DP/ExSp + DP/ExSp child(ren)			\$207.34	\$593.78	\$773.95	\$47.85	\$137.03	\$178.60
2 person + DP/ExSp			\$638.68	\$162.44	\$265.05	\$147.39	\$37.49	\$61.17
Family + DP/ExSp			\$801.12	\$0.00	\$740.49	\$184.87	\$0.00	\$170.88
<b>Traditional Plan</b>								
Employee	\$810.94	\$583.88	\$227.06	N/A	N/A	\$52.40	N/A	N/A
Two-Person	\$1,840.60	\$1,141.17	\$699.43	N/A	N/A	\$161.41	N/A	N/A
Family	\$2,308.76	\$1,431.43	\$877.33	N/A	N/A	\$202.46	N/A	N/A
Employee + DP/ExSp			\$227.06	\$472.37	\$557.29	\$52.40	\$109.01	\$128.61
*Employee + DP/ExSp + DP/ExSp child(ren)			\$227.06	\$650.27	\$847.55	\$52.40	\$150.06	\$195.59
2 person + DP/ExSp			\$699.43	\$177.90	\$290.26	\$161.41	\$41.05	\$66.98
Family + DP/ExSp			\$877.33	\$0.00	\$810.94	\$202.46	\$0.00	\$187.14
<b>Value Plan</b>								
Employee	\$611.83	\$512.08	\$99.75	N/A	N/A	\$23.02	N/A	N/A
Two-Person	\$1,388.70	\$860.99	\$527.71	N/A	N/A	\$121.78	N/A	N/A
Family	\$1,741.91	\$1,079.98	\$661.93	N/A	N/A	\$152.75	N/A	N/A
Employee + DP/ExSp			\$99.75	\$427.96	\$348.91	\$23.02	\$98.76	\$80.52
*Employee + DP/ExSp + DP/ExSp child(ren)			\$99.75	\$562.18	\$567.90	\$23.02	\$129.73	\$131.05
2 person + DP/ExSp			\$527.71	\$134.22	\$218.99	\$121.78	\$30.97	\$50.54
Family + DP/ExSp			\$661.93	\$0.00	\$611.83	\$152.75	\$0.00	\$141.19
<b>Delta Dental</b>								
Employee	\$52.64	\$39.48	\$13.16	N/A	N/A	\$3.04	N/A	N/A
Two-Person	\$117.89	\$70.73	\$47.16	N/A	N/A	\$10.88	N/A	N/A
Family	\$141.04	\$84.62	\$56.42	N/A	N/A	\$13.02	N/A	N/A
Employee + DP/ExSp			\$13.16	\$34.00	\$31.25	\$3.04	\$7.85	\$7.21
*Employee + DP/ExSp + QD/ExSp child(ren)			\$13.16	\$43.26	\$45.14	\$3.04	\$9.98	\$10.42
2 person + DP/ExSp			\$47.16	\$9.26	\$13.89	\$10.88	\$2.14	\$3.21
Family + DP/ExSp			\$56.42	\$0.00	\$52.64	\$13.02	\$0.00	\$12.15
<b>EyeMed Vision Care</b>								
Employee	\$5.43	0	\$5.43	N/A	N/A	\$1.25	N/A	N/A
Two-Person	\$10.24	0	\$10.24	N/A	N/A	\$2.36	N/A	N/A
Family	\$15.00	0	\$15.00	N/A	N/A	\$3.46	N/A	N/A
Employee + DP/ExSp			\$5.43	\$4.81	\$0.00	\$1.25	\$1.11	\$0.00
*Employee + DP/ExSp + DP/ExSp child(ren)			\$5.43	\$9.57	\$0.00	\$1.25	\$2.21	\$0.00
2 person + DP/ExSp			\$10.24	\$4.76	\$0.00	\$2.36	\$1.10	\$0.00
Family + DP/ExSp			\$15.00	\$0.00	\$0.00	\$3.46	\$0.00	\$0.00

\* DP/ExSp + DP/EXSp Child(ren) = Domestic Partner/Ex-Spouse and Domestic Partner/Ex-Spouse Child(ren)