

**MONTHLY HEALTH AND DENTAL INSURANCE RATES**  
**For Non-Exempt Staff**  
**Effective January 1, 2005**

INSURANCE PLANS	Weekly Employee Contribution*		Monthly Employee Contribution		Monthly University Contribution	
	Single	Family	Single	Family	Single	Family
<b>Tufts PPO Plan</b> Group # 42736-000 (THP Network) Dependent Student Coverage to Age 25	\$49.87	\$134.68	\$199.48	\$538.72	\$279.41	\$754.30
<b>Tufts HMO Premium Plan</b> Group # 00251-000 Dependent Student Coverage to Age 25	\$23.28	\$62.86	\$93.12	\$251.44	\$279.39	\$754.32
<b>Tufts HMO Value Plan</b> Group # 91072-000 Dependent Student Coverage to Age 25	\$16.18	\$43.72	\$64.72	\$174.88	\$279.42	\$754.33
<b>Delta Premier Plan</b> Group # 4623-7601 Dependent Student Coverage to Age 25	\$2.66	\$6.62	\$10.64	\$26.48	\$31.99	\$79.52
<b>DeltaCare Plan</b> Group # 4623-8801 Dependent Student Coverage to Age 23	\$2.04	\$5.04	\$8.16	\$20.16	\$24.51	\$60.60

\*48 weekly payroll deductions will be taken during the calendar year

**If you wish to enroll in a health and/or dental insurance program, you MUST complete an application form within the first 31 days of employment.** After the initial eligibility period has passed, eligible staff and their eligible dependents may choose to enroll during any subsequent open enrollment period or within 31 days after a qualifying event or other permissible event occurs to the participant (subscriber) or to his or her dependent.

**Open Enrollment:** The opportunity to make a change or enroll for the first time in a plan without a qualifying event may be made during the open enrollment period held in November with new coverage effective January 1.