

# Brandeis University

## HEALTH AND DENTAL INSURANCE RATES For Exempt Staff, Faculty and Postdoctoral Fellows Effective January 1, 2008

Plan	Plan Type	Employee Contribution Semi-Monthly	University Contribution Monthly	Total Premium Monthly
HEALTH	<b>TUFTS PPO PREMIUM</b> Group # 42736-000 (THP Network) Group # 42736-800 (PHCS Network)			
	Individual	\$125.88	\$354.54	\$606.30
	Family	\$403.76	\$829.53	\$1,637.05
	<b>TUFTS HMO PREMIUM</b> Group #00251-000			
	Individual	\$59.08	\$354.52	\$472.68
	Family	\$223.33	\$829.53	\$1,276.19
	<b>TUFTS HMO VALUE</b> Group # 91072-000			
	Individual	\$40.80	\$354.55	\$436.15
	Family	\$174.04	\$829.54	\$1,177.62
	DENTAL	<b>Delta Premier</b> Group # 4623-7601		
Individual		\$8.78	\$26.35	\$43.91
Family		\$21.83	\$65.52	\$109.18
<b>DeltaCare</b> Group # 4623-8801				
Individual		\$6.73	\$20.19	\$33.65
Family		\$16.63	\$49.92	\$83.18

**OPEN ENROLLMENT** - The deadline for submitting your application is:

**Tuesday, November 20, 2007**

No applications will be accepted after Tuesday, November 20, 2007

Changes in insurance plans and first-time enrollments become effective January 1, 2008.

University contributions toward the cost of the monthly health insurance premiums are based on a percentage of the Tufts HMO Premium Plan and the same dollar amount is then applied to each of the other plans.

