

Brandeis University

HEALTH AND DENTAL INSURANCE RATES For Non-Exempt Staff Effective January 1, 2008

Plan	Plan Type	Employee Contribution Weekly*	University Contribution Monthly	Total Premium Monthly
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HEALTH	TUFTS PPO PREMIUM Group # 42736-000 (THP Network)			
	Group # 42736-800 (PHCS Network)			
	Individual	\$62.94	\$354.54	\$606.30
	Family	\$169.97	\$957.17	\$1,637.05
	TUFTS HMO PREMIUM Group # 00251-000			
	Individual	\$29.54	\$354.52	\$472.68
	Family	\$79.76	\$957.15	\$1,276.19
	TUFTS HMO VALUE Group # 91072-000			
	Individual	\$20.40	\$354.55	\$436.15
	Family	\$55.11	\$957.18	\$1,177.62

DENTAL	Delta Premier Group # 4623-7601			
	Individual	\$2.74	\$32.95	\$43.91
	Family	\$6.82	\$81.90	\$109.18
	DeltaCare Group # 4623-8801			
	Individual	\$2.10	\$25.25	\$33.65
	Family	\$5.19	\$62.42	\$83.18

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

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.