

## LMU Insurance Premium Costs Per Paycheck (Semi-Monthly)

Effective January 1, 2015 - December 31, 2015

	Salary Tier 1 Less than \$35,000	Salary Tier 2 \$35,000 - \$69,999	Salary Tier 3 \$70,000 - \$99,999	Salary Tier 4 \$100,000 or more	*Total Premium Per Paycheck
<b>Medical Plan</b>	<b>Your Cost Per Paycheck</b>	<b>Your Cost Per Paycheck</b>	<b>Your Cost Per Paycheck</b>	<b>Your Cost Per Paycheck</b>	
<b>Anthem Blue Cross PPO</b>					
You	\$52.38	\$69.84	\$87.30	\$104.76	\$349.39
You + One	\$110.03	\$146.71	\$183.39	\$220.07	\$733.73
You + Two or More	\$157.20	\$209.60	\$262.00	\$314.40	\$1,048.18
<b>Anthem Blue Cross HMO</b>					
You	\$38.66	\$51.55	\$64.44	\$77.33	\$257.93
You + One	\$81.22	\$108.29	\$135.36	\$162.44	\$541.63
You + Two or More	\$116.04	\$154.72	\$193.40	\$232.08	\$773.77
<b>Anthem Blue Cross HDHP</b>					
You	\$35.38	\$47.17	\$58.96	\$70.76	\$236.03
You + One	\$74.33	\$99.10	\$123.87	\$148.65	\$495.67
You + Two or More	\$106.19	\$141.59	\$176.98	\$212.38	\$708.10
<b>Kaiser Permanente HMO</b>					
You	\$34.91	\$46.55	\$58.19	\$69.82	\$232.92
You + One	\$73.34	\$97.79	\$122.24	\$146.68	\$489.12
You + Two or More	\$104.79	\$139.72	\$174.64	\$209.57	\$698.75

	Your Cost Per Paycheck	*Total Premium Per Paycheck
<b>Delta Dental PPO/Vision Service Plan</b>		
You	\$0	\$26.38
You + One	\$2.50	\$50.89
You + Two or More	\$7.50	\$78.12
<b>DeltaCare USA (DHMO)/Vision Service Plan</b>		
You	\$0	\$11.23
You + One	\$0	\$20.45
You + Two or More	\$0	\$32.40

*\* This amount doubled is the full monthly premium charged by the carrier. LMU pays the difference between the total premium and your contribution.*