

**Augustana College
2018 - 19
Insurance Plans**

RATES:

Health Insurance; PPO Plan

\$1250 Single / \$2500 Dbl & Family DEDUCTIBLE				
Premiums				
Wellness *			Non-Wellness *	
COVERAGE	ANNUAL	MONTHLY	ANNUAL	MONTHLY
Single	\$1,500	\$125	\$2,700	\$225
Double	\$6,000	\$500	\$8,400	\$700
Family	\$8,100	\$675	\$10,500	\$875
2 Emp Family	\$5,100	\$425	\$7,500	\$625

* Total Out of Pocket Maximum is: \$3000 Single / \$6000 Dbl & Family

** Non-Wellness Rates assume that both employee and spouse do not participate

High Deductible Health Plan **

\$3500 Single / \$7000 Dbl & Family DEDUCTIBLE		
Premiums		
COVERAGE	ANNUAL	MONTHLY
Single	\$960	\$80.00
Double	\$4,320	\$360.00
Family	\$5,880	\$490.00
2 Emp Family	\$3,480	\$290.00

** Total Out of Pocket Maximum is equal to the deductible amount.

Dental Insurance

\$50 Single / \$150 Dbl & Family DEDUCTIBLE		
Premiums		
COVERAGE	ANNUAL	MONTHLY
Single	\$483	\$40.25
Double	\$948	\$78.99
Family	\$1,752	\$145.98

Vision Insurance

\$10 Exam / \$25 Frame / \$25 Lenses		
Premiums		
COVERAGE	ANNUAL	MONTHLY
Single	\$90	\$7.53
Double	\$163	\$13.57
Family	\$276	\$23.02