

**Augustana College
2017 - 18
Insurance Plans**

RATES:

Health Insurance; PPO Plan

\$1250 Single / \$2500 Dbl & Family DEDUCTIBLE

Premiums				
Wellness *			Non-Wellness *	
COVERAGE	ANNUAL	MONTHLY	ANNUAL	MONTHLY
Single	\$1,380	\$115	\$2,580	\$215
Double	\$5,880	\$490	\$8,280	\$690
Family	\$7,980	\$665	\$10,380	\$865
2 Emp Family	\$4,680	\$390	\$7,080	\$590

* 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	\$840	\$70.00
Double	\$4,200	\$350.00
Family	\$5,760	\$480.00
2 Emp Family	\$3,300	\$275.00

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

Dental Insurance

\$50 Single / \$150 Dbl & Family DEDUCTIBLE

Premiums		
COVERAGE	ANNUAL	MONTHLY
Single	\$432	\$36.00
Double	\$864	\$72.00
Family	\$1,560	\$130.00

Vision Insurance

\$10 Exam / \$25 Frame / \$25 Lenses

Premiums		
COVERAGE	ANNUAL	MONTHLY
Single	\$87	\$7.24
Double	\$157	\$13.05
Family	\$266	\$22.13