

**MONTHLY HEALTH AND DENTAL INSURANCE RATES**  
**For Exempt Staff and Faculty**  
**Effective January 1, 2005**

INSURANCE PLANS	Semi-Monthly Employee Contribution		Monthly Employee Contribution		Monthly University Contribution	
	Single	Family	Single	Family	Single	Family
<b>Tufts PPO Plan</b> Group # 42736-000 (THP Network) Dependent Student Coverage to Age 25	\$99.74	\$319.64	\$199.48	\$639.28	\$279.41	\$653.74
<b>Tufts HMO Premium Plan</b> Group # 00251-000 Dependent Student Coverage to Age 25	\$46.56	\$176.01	\$93.12	\$352.02	\$279.39	\$653.74
<b>Tufts HMO Value Plan</b> Group # 91072-000 Dependent Student Coverage to Age 25	\$32.36	\$137.73	\$64.72	\$275.46	\$279.42	\$653.75
<b>Delta Premier Plan</b> Group # 4623-7601 Dependent Student Coverage to Age 25	\$8.52	\$21.20	\$17.04	\$42.40	\$25.59	\$63.60
<b>DeltaCare Plan</b> Group # 4623-8801 Dependent Student Coverage to Age 23	\$6.53	\$16.15	\$13.06	\$32.30	\$19.61	\$48.46

**If you wish to enroll in a health and/or dental insurance program, you MUST complete an application form within the first 31 days of employment.** After the initial eligibility period has passed, eligible staff and their eligible dependents may choose to enroll during any subsequent open enrollment period or within 31 days after a qualifying event or other permissible event occurs to the participant (subscriber) or to his or her dependent.

**Open Enrollment:** The opportunity to make a change or enroll for the first time in a plan without a qualifying event may be made during the open enrollment period held in November with new coverage effective January 1.