

Hampden-Sydney College
2025 Medical, Dental & Vision Insurance Rates
Plan 11 (HMO)
\$750/\$1,500 Deductible
\$25.00 Co-Pay Per Office Visit & \$50.00 (Specialist)
\$3,250/\$6,500 Out of Pocket Maximum

Tier 1 - Employees earning from **\$50,000 and under.**
Tier 2 - Employees earning from **\$50,001 to \$100,000.**
Tier 3 - Employees earning from **\$100,001 and above.**

	ANTHEM MEDICAL				DELTA DENTAL - LOW PLAN				DELTA DENTAL - HIGH PLAN			
	Employee Pays Monthly Rate	College Pays	Total Monthly Medical Premium	Employee Pays Monthly Rate	College Pays	Total Monthly Dental Premium	Employee Pays Monthly Rate	College Pays	Total Monthly Dental Premium	Employee Pays Monthly Rate	College Pays	Total Monthly Dental Premium
25% EMPLOYEE (Tier 1)	232.00	696.00	928.00	5.60	22.40	28.00	24.60	22.40	28.00	24.60	22.40	28.00
EE	279.50	838.50	1118.00	7.80	31.20	39.00	41.80	31.20	39.00	41.80	31.20	39.00
EE/Child	429.50	1288.50	1718.00	9.60	38.40	48.00	49.60	38.40	48.00	49.60	38.40	48.00
EE/Children	464.50	1393.50	1858.00	10.40	41.60	52.00	55.40	41.60	52.00	55.40	41.60	52.00
EE/Spouse	615.00	1845.00	2460.00	13.80	55.20	69.00	79.80	55.20	69.00	79.80	55.20	69.00
EE/Family												
39% EMPLOYEE (Tier 2)	361.92	566.08	928.00	10.64	17.36	28.00	29.64	17.36	28.00	29.64	17.36	28.00
EE	436.02	681.98	1118.00	14.82	24.18	39.00	48.82	24.18	39.00	48.82	24.18	39.00
EE/Child	670.02	1047.98	1718.00	18.24	29.76	48.00	58.24	29.76	48.00	58.24	29.76	48.00
EE/Children	724.62	1133.38	1858.00	19.76	32.24	52.00	64.76	32.24	52.00	64.76	32.24	52.00
EE/Spouse	959.40	1500.60	2460.00	26.22	42.78	69.00	92.22	42.78	69.00	92.22	42.78	69.00
EE/Family												
43% EMPLOYEE (Tier 3)	399.04	528.96	928.00	12.04	15.96	28.00	31.04	15.96	28.00	31.04	15.96	28.00
EE	480.74	637.26	1118.00	16.76	22.24	39.00	50.76	22.24	39.00	50.76	22.24	39.00
EE/Child	738.74	979.26	1718.00	20.64	27.36	48.00	60.64	27.36	48.00	60.64	27.36	48.00
EE/Children	798.94	1059.06	1858.00	22.36	29.64	52.00	67.36	29.64	52.00	67.36	29.64	52.00
EE/Spouse	1057.80	1402.20	2460.00	29.66	39.34	69.00	95.66	39.34	69.00	95.66	39.34	69.00
EE/Family												

Employee Contributions (Bi-Weekly Breakdown)

	Employee Pays BIWeekly Rate	Employee Pays BIWeekly Rate	Employee Pays BIWeekly Rate	UniCare Vision Plan Buy-Up Monthly (100% Employee)
EMPLOYEE (Tier 1)	116.00	2.80	12.30	Employee 7.12
EE	139.75	3.90	20.90	Employee & 1 Child 11.34
EE/Child	214.75	4.80	24.80	Employee & Children 11.34
EE/Children	232.25	5.20	27.70	Employee & Spouse 11.83
EE/Spouse	307.50	6.90	39.90	Employee & Family 18.10
EE/Family				
EMPLOYEE (Tier 2)	180.96	5.32	14.82	
EE	218.01	7.41	24.41	
EE/Child	335.01	9.12	29.12	
EE/Children	362.31	9.88	32.38	
EE/Spouse	479.70	13.11	46.11	
EE/Family				
EMPLOYEE (Tier 3)	199.52	6.02	15.52	
EE	240.37	8.38	25.38	
EE/Child	369.37	10.32	30.32	
EE/Children	399.47	11.18	33.68	
EE/Spouse	528.90	14.83	47.83	
EE/Family				