

2017 Healthcare Contributions
All Staff and Non-Bargaining Faculty
Effective January 1, 2017

Monthly Premium Dollars

Medical Plan Premiums *		Tier 1 < \$30,000		Tier 2 \$30,000-\$49,999		Tier 3 \$50,000-\$74,999		Tier 4 \$75,000-\$99,999		Tier 5 > \$100,000	
Anthem Health Plans	Coverage	You	WSU	You	WSU	You	WSU	You	WSU	You	WSU
PPO 90/10	EE Only	\$82	\$476	\$102	\$456	\$120	\$438	\$140	\$418	\$158	\$400
	EE+1	\$166	\$892	\$210	\$848	\$252	\$806	\$296	\$762	\$340	\$718
	EE+2 or >	\$248	\$1,590	\$318	\$1,520	\$386	\$1,452	\$456	\$1,382	\$524	\$1,314
PPO 80/20	EE Only	\$36	\$488	\$54	\$470	\$72	\$452	\$88	\$436	\$106	\$418
	EE+1	\$84	\$914	\$124	\$874	\$166	\$832	\$218	\$780	\$250	\$748
	EE+2 or >	\$134	\$1,598	\$198	\$1,534	\$264	\$1,468	\$330	\$1,402	\$396	\$1,336
HDHP	EE Only	\$26	\$398	\$36	\$388	\$50	\$374	\$62	\$362	\$74	\$350
	EE+1	\$58	\$746	\$86	\$718	\$116	\$688	\$150	\$654	\$172	\$632
	EE+2 or >	\$92	\$1,304	\$136	\$1,260	\$186	\$1,210	\$228	\$1,168	\$274	\$1,122

* To determine salary tier, an employee's salary or hourly rate is annualized to reflect 100% FTE.

WSU's Contribution to Health Savings Account					
<i>Deposited Quarterly to your Fifth Third HSA Account</i>					
Coverage	Jan 4	Apr 4	Jul 5	Oct 5	Total
EE Only	\$225	\$225	\$225	\$225	\$900
EE+1	\$450	\$450	\$450	\$450	\$1,800
EE+2 or >	\$450	\$450	\$450	\$450	\$1,800

Dental and Vision Premiums			
Vendor	Coverage	You	WSU
Delta Dental of Ohio	EE Only	\$4.24	\$25.30
	EE+1	\$8.66	\$46.30
	EE+2 or >	\$17.62	\$85.50
Vision Service Plan (VSP)	EE Only	\$1.00	\$5.38
	EE+1	\$2.08	\$10.80
	EE+2 or >	\$3.56	\$18.36