

## 2019 Healthcare Premiums

### Monthly Premium Dollars (Pre-Tax)

<i>Medical Premiums *</i>		Tier 1 < \$47,000		Tier 2 \$47,000 - \$75,000		Tier 3 > \$75,000	
Anthem Plans	Coverage	Employee	WSU	Employee	WSU	Employee	WSU
PPO 80/20	Employee	\$80	\$526	\$118	\$488	\$158	\$448
	Emp+Child(ren)	\$144	\$954	\$214	\$884	\$286	\$812
	Emp+Spouse **	\$176	\$1,166	\$262	\$1,080	\$348	\$994
	Emp+Family **	\$240	\$1,588	\$356	\$1,472	\$472	\$1,356
HDHP	Employee	\$70	\$464	\$104	\$430	\$138	\$396
	Emp+Child(ren)	\$126	\$836	\$188	\$774	\$250	\$712
	Emp+Spouse **	\$154	\$1,016	\$228	\$942	\$302	\$868
	Emp+Family **	\$210	\$1,388	\$312	\$1,286	\$416	\$1,182

<i>Medical Added Fee**</i>	Tier 1 < \$47,000	Tier 2 \$47,000 - \$75,000	Tier 3 > \$75,000
Spousal Added Fee	\$32	\$50	\$68

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

\*\* The Spousal Added Fee will be added to the Medical Premiums presented in the first chart.

<i>Dental and Vision Premiums</i>			
Vendor	Coverage	Employee	WSU
Delta Dental of Ohio	Employee	\$7.40	\$29.60
	Emp+Child(ren)	\$13.32	\$53.28
	Emp+Spouse	\$16.28	\$65.12
	Emp+Family	\$22.20	\$88.80
Vision Service Plan (VSP)	Employee	\$1.60	\$6.40
	Emp+Child(ren)	\$2.88	\$11.52
	Emp+Spouse	\$3.52	\$14.08
	Emp+Family	\$4.80	\$19.20

<i>WSU's Contribution to Health Savings Account (HSA)</i>			
<i>Deposited Semi-Annually to your Fifth Third HSA Account</i>			
Coverage	Jan 4	Jul 5	Total
Employee	\$250	\$250	\$500
Emp+Child(ren)	\$500	\$500	\$1,000
Emp+Spouse	\$500	\$500	\$1,000
Emp+Family	\$500	\$500	\$1,000