

Boston College Benefits Office

Medical and Dental Insurance Rates

Effective June 1, 2011

	Employee Cost (per month)	University Contribution	Total Premium**
Harvard Pilgrim PPO Plan			
Individual	\$148.16	\$496.12	\$644.28
Family	\$400.12	\$1,339.59	\$1,739.71
Harvard Pilgrim HMO Plan			
Individual	\$102.60	\$467.55	\$570.15
Family	\$277.12	\$1,262.59	\$1,539.71
"DeltaPremier" Dental Plan			
Individual	\$14.24	\$21.38	\$35.62
Family	\$48.32	\$72.49	\$120.81
** Total premiums above are working rates for self-insurance purposes			
"DeltaCare" Dental Plan			
Individual	\$14.36	\$21.56	\$35.92
Family	\$35.52	\$53.28	\$88.80

Note: All amounts are monthly costs. Payroll deductions apply to coverage for the current month (e.g., June deductions pay for June's coverage).

The open enrollment date for the above plans is June 1. Employees may change plans or type of membership (individual/family), or enroll in a plan for the first time, as of June 1 each year. **Enrollment or membership changes at other times of the year will not be permitted** unless certain conditions set by IRS regulations are met (e.g., a spouse's loss of coverage due to termination of employment, marriage, birth or adoption of a child, divorce or legal separation, or death of a spouse or dependent).