

2014-2015 Premium Costs and Coverage Period

MEDICAL BENEFIT

TYPE OF COVERAGE	ANNUAL	FALL	SPRING/SUMMER	SUMMER
Student Only	\$1,444	\$608	\$851	\$327
Spouse/Domestic Partner	\$4,518	\$1,888	\$2,647	\$1,009
Each Child	\$1,928	\$810	\$1,133	\$435

OPTIONAL DENTAL BENEFIT

<i>Optional Dental Treatment Expense (additional premium required). Premium per policy year or any part thereof, no pro-ration</i>	
TYPE OF COVERAGE	ANNUAL
Student Only	\$353
Spouse/Domestic Partner	\$328
Each Child	\$391

OPTIONAL VISION BENEFIT

<i>Optional Vision Care Expense (additional premium required). Premium per policy year or any part thereof, no pro-ration</i>	
TYPE OF COVERAGE	ANNUAL
Student Only	\$110
Spouse/Domestic Partner	\$110
Each Child	\$110