Part Time Faculty Dental & Vision

PFF Article 16.10.10

Vision and dental HMO benefits will be made available to eligible part-time faculty. To be eligible part-time faculty need to have an assignment during the six month coverage period. Plan costs, as provided by the carrier, can be purchased by the member at 100% of the cost and be deducted through payroll or paid in full at the beginning of the semester in the event that the member's pay will be insufficient to cover the required payments.

DEDUCTION & COVERAGE INFORMATION

FALL SEMESTER:

- **Payroll Deductions –** October, November, December
- **Coverage Period –** October through March

SPRING SEMESTER:

- **Payroll Deductions –** March, April, May
- **Coverage Period –** April through September

VISION COVERAGE	Monthly Premium	6 Month Total Cost	Payroll Deduction Amount
Employee Only	$10.83	$64.98	$21.66
Employee + Spouse	$20.57	$123.42	$41.14
Employee + Child(ren)	$21.65	$129.90	$43.30
Family	$31.83	$190.98	$63.66

DENTAL COVERAGE	Monthly Premium	6 Month Total Cost	Payroll Deduction Amount
Employee Only	$18.24	$109.44	$36.48
Employee + Spouse	$32.97	$197.82	$65.94
Family	$48.69	$292.14	$97.38