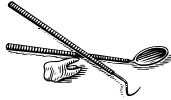


***Saint Joseph's University***  
***2012 Dental and Vision Insurance Monthly Premiums***  
**RATES EFFECTIVE 11/1/12 - 10/31/13**



**Delta PPO Plus Premier**

	<u><b>Total</b></u>	<u><b>University Share</b></u>	<u><b>Employee Share</b></u>
EMPLOYEE	\$38.93	\$23.36	\$15.57
FAMILY	\$103.00	\$51.50	\$51.50

**DeltaCare DHMO (PA & NJ)**

	<u><b>Total</b></u>	<u><b>University Share</b></u>	<u><b>Employee Share</b></u>
EMPLOYEE	\$16.72	\$16.72	\$0.00
EMPLOYEE/DEPENDENT	\$31.77	\$31.77	\$0.00
FAMILY	\$50.19	\$50.19	\$0.00



**IBC Vision\***

	<u><b>Total</b></u>	<u><b>University Share</b></u>	<u><b>Employee Share</b></u>
EMPLOYEE	\$2.93	\$2.93	\$0.00
EMPLOYEE/CHILD(REN)	\$7.63	\$2.93	\$4.70
EMPLOYEE/SPOUSE	\$7.63	\$2.93	\$4.70
FAMILY	\$7.63	\$2.93	\$4.70

**\*Keystone plans include a Keystone Vision Rider.**

**Personal Choice members must select the IBC Vision plan at the time of enrollment.**

