



**Medical Plan Biweekly Premium Rate Schedule - High Copay**  
**January 1, 2013 through December 31, 2013**

**Public Act 54 - AAUP-AFT**

	12-Month Employees			9-Month Employees		
	Total Biweekly Cost	University Biweekly Subsidy	Employee Biweekly Cost	Total Biweekly Cost	University Biweekly Subsidy	Employee Biweekly Cost
<b>Blue Cross and Blue Shield</b>						
Single	\$415.12	\$193.19	\$221.93	\$553.49	\$257.59	\$295.90
Two Person	\$914.95	\$414.31	\$500.64	\$1,219.93	\$552.41	\$667.52
Family	\$1,117.85	\$455.49	\$662.36	\$1,490.46	\$607.32	\$883.14
<b>Blue Care Network (HMO)</b>						
Single	\$244.23	\$187.10	\$57.13	\$325.64	\$249.47	\$76.17
Two Person	\$561.73	\$426.08	\$135.65	\$748.97	\$568.11	\$180.86
Family	\$573.94	\$430.80	\$143.14	\$765.25	\$574.40	\$190.85
<i>Sponsored Dependent</i>	\$293.07	\$0.00	\$293.07	\$390.76	\$0.00	\$390.76
<i>Senior Rider</i>	\$276.26	\$0.00	\$276.26	\$368.35	\$0.00	\$368.35
<b>Community Blue (PPO)</b>						
Single	\$387.70	\$236.10	\$151.60	\$516.93	\$314.80	\$202.13
Two Person	\$855.82	\$535.92	\$319.90	\$1,141.09	\$714.56	\$426.53
Family	\$1,047.08	\$664.70	\$382.38	\$1,396.10	\$886.27	\$509.83
<b>DMC Care (PPO)</b>						
Single	\$292.42	\$223.40	\$69.02	\$389.89	\$297.87	\$92.02
Two Person	\$649.18	\$489.06	\$160.12	\$865.57	\$652.08	\$213.49
Family	\$792.47	\$585.26	\$207.21	\$1,056.63	\$780.35	\$276.28
<i>Sponsored Dependent</i>	\$365.53	\$0.00	\$365.53	\$487.37	\$0.00	\$487.37
<i>Senior Rider</i>	\$447.41	\$0.00	\$447.41	\$596.54	\$0.00	\$596.54
<b>Health Alliance Plan (HMO)</b>						
Single	\$240.65	\$186.35	\$54.30	\$320.86	\$248.47	\$72.39
Two Person	\$553.50	\$424.35	\$129.15	\$737.99	\$565.80	\$172.19
Family	\$565.53	\$429.17	\$136.36	\$754.03	\$572.22	\$181.81
<i>Sponsored Dependent</i>	\$302.68	\$0.00	\$302.68	\$403.57	\$0.00	\$403.57
<i>Senior Rider</i>	\$297.88	\$0.00	\$297.88	\$397.17	\$0.00	\$397.17
<b>Total Health Care (HMO)</b>						
Single	\$97.84	\$75.26	\$22.58	\$130.45	\$100.35	\$30.10
Two Person	\$203.89	\$155.87	\$48.02	\$271.85	\$207.82	\$64.03
Family	\$259.36	\$203.20	\$56.15	\$345.81	\$270.94	\$74.87
<i>Sponsored Dependent</i>	\$97.84	\$0.00	\$97.84	\$130.45	\$0.00	\$130.45
<b>Delta Dental - Group 7544</b>						
Single	\$15.67	\$15.16	\$0.51	\$20.89	\$20.21	\$0.68
Two Person	\$31.49	\$30.77	\$0.72	\$41.99	\$41.03	\$0.96
Family	\$57.25	\$55.89	\$1.36	\$76.33	\$74.52	\$1.81