



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

Public Act 54 Active Employees (AFSCME and Operating Engineer Supervisors)

	12-Month Employees			9-Month Employees		
	Total Biweekly Cost	University Biweekly Subsidy	Employee Biweekly Cost	Total Biweekly Cost	University Biweekly Subsidy	Employee Biweekly Cost
Blue Cross and Blue Shield						
Single	\$421.71	\$197.58	\$224.13	\$562.27	\$263.44	\$298.83
Two Person	\$929.49	\$424.28	\$505.21	\$1,239.32	\$565.71	\$673.61
Family	\$1,135.61	\$466.34	\$669.27	\$1,514.15	\$621.79	\$892.36
Blue Care Network (HMO)						
Single	\$255.44	\$194.34	\$61.10	\$340.58	\$259.12	\$81.46
Two Person	\$587.50	\$442.74	\$144.76	\$783.33	\$590.32	\$193.01
Family	\$600.26	\$447.82	\$152.44	\$800.35	\$597.09	\$203.26
<i>Sponsored Dependent</i>	\$306.52	\$0.00	\$306.52	\$408.69	\$0.00	\$408.69
<i>Senior Rider</i>	\$306.11	\$0.00	\$306.11	\$408.15	\$0.00	\$408.15
Community Blue (PPO)						
Single	\$393.86	\$240.16	\$153.70	\$525.15	\$320.21	\$204.94
Two Person	\$869.42	\$544.91	\$324.51	\$1,159.22	\$726.55	\$432.67
Family	\$1,063.72	\$675.70	\$388.02	\$1,418.29	\$900.93	\$517.36
DMC Care (PPO)						
Single	\$296.89	\$226.45	\$70.44	\$395.85	\$301.93	\$93.92
Two Person	\$659.10	\$495.82	\$163.28	\$878.80	\$661.09	\$217.71
Family	\$804.59	\$593.52	\$211.07	\$1,072.78	\$791.36	\$281.42
<i>Sponsored Dependent</i>	\$371.12	\$0.00	\$371.12	\$494.82	\$0.00	\$494.82
<i>Senior Rider</i>	\$454.24	\$0.00	\$454.24	\$605.65	\$0.00	\$605.65
Health Alliance Plan (HMO)						
Single	\$251.68	\$193.57	\$58.11	\$335.57	\$258.09	\$77.48
Two Person	\$578.88	\$440.95	\$137.93	\$771.84	\$587.93	\$183.91
Family	\$591.45	\$446.11	\$145.34	\$788.60	\$594.81	\$193.79
<i>Sponsored Dependent</i>	\$309.67	\$0.00	\$309.67	\$412.89	\$0.00	\$412.89
<i>Senior Rider</i>	\$307.13	\$0.00	\$307.13	\$409.50	\$0.00	\$409.50
Total Health Care (HMO)						
Single	\$98.79	\$75.75	\$23.04	\$131.71	\$101.00	\$30.71
Two Person	\$205.87	\$156.87	\$49.00	\$274.49	\$209.16	\$65.33
Family	\$261.88	\$204.51	\$57.37	\$349.17	\$272.68	\$76.49
<i>Sponsored Dependent</i>	\$98.79	\$0.00	\$98.79	\$131.71	\$0.00	\$131.71
Delta Dental - Group 7544						
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