

Medical/Dental/Vision Plans Biweekly Premium Rate Schedule - High Copay

January 1, 2018 through December 31, 2018

12-Month Employees AFSCME Local 1497 PA 54 Rates

	University Biweekly		
	Total Biweekly Costs	Subsidy	Employee Biweekly Cost
Blue Cross and Blue Shield			
Single	\$517.33	\$222.68	\$294.65
Two Person	\$1,138.12	\$479.40	\$658.72
Family	\$1,396.79	\$530.45	\$866.34
Community Blue (PPO)			
Single	\$490.13	\$287.48	\$202.64
Two Person	\$1,078.28	\$647.08	\$431.19
Family	\$1,323.34	\$803.27	\$520.07
Health Alliance Plan (HMO)			
Single	\$316.54	\$210.49	\$106.05
Two Person	\$728.04	\$479.88	\$248.17
Family	\$743.86	\$485.90	\$257.96
<i>Sponsored Dependent</i>	\$395.67	\$0.00	\$395.67
<i>Senior Rider</i>	\$398.94	\$0.00	\$398.94
Blue Care Network (HMO)			
Single	\$293.90	\$216.84	\$77.06
Two Person	\$675.96	\$494.51	\$181.45
Family	\$690.66	\$500.73	\$189.93
<i>Sponsored Dependent</i>	\$411.46	\$0.00	\$411.46
Total Health Care (HMO)			
Single	\$153.75	\$104.90	\$48.85
Two Person	\$320.35	\$218.37	\$101.98
Family	\$407.52	\$278.83	\$128.69
<i>Sponsored Dependent</i>	\$153.75	\$0.00	\$153.75
Delta Dental			
Single	\$15.00	\$12.83	\$2.16
Two Person	\$29.79	\$25.44	\$4.35
Family	\$54.15	\$46.07	\$8.08
EyeMed Vision - Basic with Medical			
Single	\$2.32	\$1.06	\$1.26
Two Person	\$4.37	\$2.00	\$2.37
Family	\$6.41	\$2.94	\$3.48
EyeMed Vision - Enhanced with Medical			
Single	\$4.31	\$1.06	\$3.25
Two Person	\$8.13	\$2.00	\$6.13
Family	\$11.93	\$2.94	\$9.00