

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

January 1, 2018 through December 31, 2018

## 12-Month P&amp;A Local 1979 PA 54 Rates

|  | Total Biweekly Costs | University Biweekly Subsidy | Employee Biweekly Cost |
|--|----------------------|-----------------------------|------------------------|
| <b>Blue Cross and Blue Shield</b>            |                      |                             |                        |
| Single                                       | \$517.33             | \$237.70                    | \$279.63               |
| Two Person                                   | \$1,138.12           | \$512.73                    | \$625.39               |
| Family                                       | \$1,396.79           | \$568.89                    | \$827.90               |
| <b>Community Blue (PPO)</b>                  |                      |                             |                        |
| Single                                       | \$490.13             | \$314.50                    | \$175.63               |
| Two Person                                   | \$1,078.28           | \$706.51                    | \$371.76               |
| Family                                       | \$1,323.34           | \$876.21                    | \$447.13               |
| <b>Health Alliance Plan (HMO)</b>            |                      |                             |                        |
| Single                                       | \$316.54             | \$226.99                    | \$89.54                |
| Two Person                                   | \$728.04             | \$517.83                    | \$210.21               |
| Family                                       | \$743.86             | \$524.68                    | \$219.18               |
| <i>Sponsored Dependent</i>                   | \$395.67             | \$0.00                      | \$395.67               |
| <i>Senior Rider</i>                          | \$398.94             | \$0.00                      | \$398.94               |
| <b>Blue Care Network (HMO)</b>               |                      |                             |                        |
| Single                                       | \$293.90             | \$227.16                    | \$66.74                |
| Two Person                                   | \$675.96             | \$518.24                    | \$157.72               |
| Family                                       | \$690.66             | \$524.97                    | \$165.69               |
| <i>Sponsored Dependent</i>                   | \$411.46             | \$0.00                      | \$411.46               |
| <b>Total Health Care (HMO)</b>               |                      |                             |                        |
| Single                                       | \$153.75             | \$118.58                    | \$35.17                |
| Two Person                                   | \$320.35             | \$246.86                    | \$73.48                |
| Family                                       | \$407.52             | \$315.08                    | \$92.44                |
| <i>Sponsored Dependent</i>                   | \$153.75             | \$0.00                      | \$153.75               |
| <b>Delta Dental</b>                          |                      |                             |                        |
| Single                                       | \$15.00              | \$12.42                     | \$2.57                 |
| Two Person                                   | \$29.79              | \$24.68                     | \$5.11                 |
| Family                                       | \$54.15              | \$44.86                     | \$9.29                 |
| <b>EyeMed Vision - Basic with Medical</b>    |                      |                             |                        |
| Single                                       | \$2.32               | \$1.16                      | \$1.16                 |
| Two Person                                   | \$4.37               | \$2.18                      | \$2.18                 |
| Family                                       | \$6.41               | \$3.21                      | \$3.21                 |
| <b>EyeMed Vision - Enhanced with Medical</b> |                      |                             |                        |
| Single                                       | \$4.31               | \$1.16                      | \$3.15                 |
| Two Person                                   | \$8.13               | \$2.18                      | \$5.95                 |
| Family                                       | \$11.93              | \$3.21                      | \$8.73                 |