



Medical/Dental/Vision Plans Premium Rate Schedule - Plan 2

January 1, 2022 through December 31, 2022

AAUP, GEOC, Stipends & Non-Represented Employees

	12-Month Employees			9-Month Employees		
	Total Biweekly Costs	University Biweekly Subsidy	Employee Biweekly Cost	Total Biweekly Costs	University Biweekly Subsidy	Employee Biweekly Cost
Blue Cross and Blue Shield						
Single	\$691.86	\$289.71	\$402.15	\$922.48	\$386.28	\$536.20
Two Person	\$1,522.09	\$627.66	\$894.43	\$2,029.45	\$836.88	\$1,192.58
Family	\$1,868.02	\$716.00	\$1,152.02	\$2,490.69	\$954.67	\$1,536.02
Community Blue (PPO)						
Single	\$645.37	\$431.59	\$213.78	\$860.49	\$575.45	\$285.04
Two Person	\$1,419.81	\$964.12	\$455.69	\$1,893.08	\$1,285.49	\$607.59
Family	\$1,742.49	\$1,192.36	\$550.14	\$2,323.33	\$1,589.81	\$733.52
Health Alliance Plan (HMO)						
Single	\$363.69	\$279.65	\$84.04	\$484.91	\$372.87	\$112.05
Two Person	\$843.03	\$643.52	\$199.50	\$1,124.03	\$858.03	\$266.00
Family	\$861.32	\$653.08	\$208.24	\$1,148.43	\$870.77	\$277.65
Blue Care Network (HMO)						
Single	\$337.63	\$260.39	\$77.24	\$450.17	\$347.18	\$102.98
Two Person	\$776.54	\$594.67	\$181.87	\$1,035.39	\$792.89	\$242.49
Family	\$793.42	\$603.05	\$190.37	\$1,057.89	\$804.07	\$253.82
<i>Sponsored Dependent</i>	\$472.68	\$0.00	\$472.68	\$630.23	\$0.00	\$630.23
Priority Health (HMO)						
Single	\$162.52	\$129.49	\$33.02	\$216.69	\$172.65	\$44.03
Two Person	\$325.03	\$260.10	\$64.93	\$433.37	\$346.80	\$86.57
Family	\$503.80	\$395.14	\$108.66	\$671.73	\$526.85	\$144.87
<i>Sponsored Dependent</i>	\$195.02	\$0.00	\$195.02	\$260.03	\$0.00	\$260.03
Delta Dental						
Single	\$15.26	\$11.44	\$3.81	\$20.34	\$15.26	\$5.09
Two Person	\$30.51	\$22.88	\$7.63	\$40.68	\$30.51	\$10.17
Family	\$55.68	\$41.76	\$13.92	\$74.25	\$55.68	\$18.56
EyeMed Vision - Basic with Medical						
Single	\$2.32	\$1.16	\$1.16	\$3.09	\$1.54	\$1.54
Two Person	\$4.37	\$2.18	\$2.18	\$5.82	\$2.91	\$2.91
Family	\$6.41	\$3.21	\$3.21	\$8.55	\$4.27	\$4.27
EyeMed Vision - Enhanced with Medical						
Single	\$4.31	\$1.16	\$3.15	\$5.74	\$1.54	\$4.20
Two Person	\$8.13	\$2.18	\$5.95	\$10.84	\$2.91	\$7.93
Family	\$11.93	\$3.21	\$8.73	\$15.91	\$4.27	\$11.63



Medical/Dental/Vision Plans Premium Rate Schedule - Plan 2

January 1, 2022 through December 31, 2022

AAUP, GEOC, Stipends & Non-Represented Employees

	12-Month Employees			9-Month Employees		
	Total	University	Employee	Total	University	Employee
	Biweekly	Biweekly		Biweekly	Biweekly	
Costs	Subsidy	Biweekly Cost	Costs	Subsidy	Biweekly Cost	
Delta Dental (Voluntary/Enrolled in Cash in Lieu of Medical)						
Single	\$15.26	\$0.00	\$15.26	\$20.34	\$0.00	\$20.34
Two Person	\$30.51	\$0.00	\$30.51	\$40.68	\$0.00	\$40.68
Family	\$55.68	\$0.00	\$55.68	\$74.25	\$0.00	\$74.25
EyeMed Vision - Basic (Voluntary/Enrolled in Cash in Lieu of Medical)						
Single	\$4.23	\$0.00	\$4.23	\$5.64	\$0.00	\$5.64
Two Person	\$8.01	\$0.00	\$8.01	\$10.68	\$0.00	\$10.68
Family	\$11.79	\$0.00	\$11.79	\$15.72	\$0.00	\$15.72
EyeMed Vision - Enhanced (Voluntary/Enrolled in Cash in Lieu of Medical)						
Single	\$7.46	\$0.00	\$7.46	\$9.95	\$0.00	\$9.95
Two Person	\$14.12	\$0.00	\$14.12	\$18.82	\$0.00	\$18.82
Family	\$20.78	\$0.00	\$20.78	\$27.70	\$0.00	\$27.70