



Medical/Dental/Vision Plans Premium Rate Schedule - Plan 1

January 1, 2023 through December 31, 2023

All Non-Academic Represented Union 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 Trad Plan						
Single	\$739.37	\$314.49	\$424.88	\$985.83	\$419.32	\$566.50
Two Person	\$1,626.62	\$682.81	\$943.81	\$2,168.82	\$910.41	\$1,258.41
Family	\$1,996.30	\$787.35	\$1,208.95	\$2,661.73	\$1,049.80	\$1,611.93
Community Blue (PPO)						
Single	\$700.49	\$470.17	\$230.32	\$933.99	\$626.90	\$307.09
Two Person	\$1,541.08	\$1,049.00	\$492.08	\$2,054.77	\$1,398.67	\$656.10
Family	\$1,891.33	\$1,296.54	\$594.79	\$2,521.77	\$1,728.72	\$793.05
Health Alliance Plan (HMO)						
Single	\$393.42	\$300.46	\$92.96	\$524.55	\$400.61	\$123.94
Two Person	\$912.71	\$692.30	\$220.41	\$1,216.95	\$923.07	\$293.87
Family	\$952.06	\$716.60	\$235.46	\$1,269.41	\$955.46	\$313.95
Blue Care Network (HMO)						
Single	\$373.02	\$285.16	\$87.86	\$497.36	\$380.22	\$117.14
Two Person	\$857.95	\$651.66	\$206.29	\$1,143.93	\$868.87	\$275.06
Family	\$895.25	\$674.33	\$220.92	\$1,193.67	\$899.11	\$294.55
<i>Sponsored Dependent</i>	\$522.23	\$0.00	\$522.23	\$696.30	\$0.00	\$696.30
Priority Health Care (HMO)						
Single	\$183.90	\$144.46	\$39.44	\$245.20	\$192.61	\$52.59
Two Person	\$367.80	\$290.04	\$77.76	\$490.40	\$386.72	\$103.68
Family	\$570.10	\$441.55	\$128.55	\$760.12	\$588.73	\$171.39
<i>Sponsored Dependent</i>	\$220.68	\$0.00	\$220.68	\$294.24	\$0.00	\$294.24
Delta Dental*						
Single	\$15.26	\$12.20	\$3.05	\$20.34	\$16.27	\$4.07
Two Person	\$30.51	\$24.41	\$6.10	\$40.68	\$32.55	\$8.14
Family	\$55.68	\$44.55	\$11.14	\$74.25	\$59.40	\$14.85
EyeMed Vision - Basic with Medical*						
Single	\$2.32	\$1.16	\$1.16	\$3.09	\$1.54	\$1.54
Two Person	\$4.37	\$2.19	\$2.19	\$5.83	\$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	\$2.19	\$5.95	\$10.84	\$2.91	\$7.93
Family	\$11.93	\$3.21	\$8.73	\$15.91	\$4.27	\$11.63

*University subsidy provided if enrolled in medical or waived both medical and Cash-in-Lieu of Medical



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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	\$18.83	\$0.00	\$18.83
Family	\$20.78	\$0.00	\$20.78	\$27.71	\$0.00	\$27.71