



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

January 1, 2023 through December 31, 2023

AAUP, GEOC & Non-Represented Employees and Stipend Recipients

	12-Month Employees			9-Month Employees		
	Total Biweekly Costs	University Biweekly Subsidy	Employee Biweekly Cost	Total Biweekly Costs	University Biweekly Subsidy	Employee Biweekly Cost
<b>Blue Cross and Blue Shield Trad Plan</b>						
Single	\$718.59	\$301.96	<b>\$416.63</b>	\$958.12	\$402.61	<b>\$555.51</b>
Two Person	\$1,580.90	\$654.96	<b>\$925.94</b>	\$2,107.86	\$873.28	<b>\$1,234.58</b>
Family	\$1,940.20	\$754.48	<b>\$1,185.72</b>	\$2,586.92	\$1,005.97	<b>\$1,580.95</b>
<b>Community Blue (PPO)</b>						
Single	\$670.33	\$449.06	<b>\$221.27</b>	\$893.77	\$598.75	<b>\$295.02</b>
Two Person	\$1,474.72	\$1,002.55	<b>\$472.17</b>	\$1,966.29	\$1,336.73	<b>\$629.56</b>
Family	\$1,809.89	\$1,239.53	<b>\$570.36</b>	\$2,413.17	\$1,652.70	<b>\$760.47</b>
<b>Health Alliance Plan (HMO)</b>						
Single	\$380.10	\$291.14	<b>\$88.96</b>	\$506.79	\$388.18	<b>\$118.61</b>
Two Person	\$881.82	\$670.68	<b>\$211.14</b>	\$1,175.76	\$894.24	<b>\$281.52</b>
Family	\$919.83	\$694.04	<b>\$225.79</b>	\$1,226.44	\$952.39	<b>\$301.05</b>
<b>Blue Care Network (HMO)</b>						
Single	\$354.38	\$272.11	<b>\$82.27</b>	\$472.50	\$362.81	<b>\$109.69</b>
Two Person	\$815.06	\$621.63	<b>\$193.43</b>	\$1,086.75	\$828.85	<b>\$257.90</b>
Family	\$850.50	\$643.01	<b>\$207.49</b>	\$1,133.99	\$857.34	<b>\$276.65</b>
<i>Sponsored Dependent</i>	\$496.13	\$0.00	<b>\$496.13</b>	\$661.50	\$0.00	<b>\$661.50</b>
<b>Priority Health Care (HMO)</b>						
Single	\$174.42	\$137.82	<b>\$36.60</b>	\$232.55	\$183.76	<b>\$48.79</b>
Two Person	\$348.83	\$276.76	<b>\$72.07</b>	\$465.11	\$369.02	<b>\$96.09</b>
Family	\$540.69	\$420.96	<b>\$119.72</b>	\$720.91	\$561.28	<b>\$159.63</b>
<i>Sponsored Dependent</i>	\$209.30	\$0.00	<b>\$209.30</b>	\$279.06	\$0.00	<b>\$279.06</b>
<b>Delta Dental*</b>						
Single	\$15.26	\$11.44	<b>\$3.81</b>	\$20.34	\$15.26	<b>\$5.09</b>
Two Person	\$30.51	\$22.88	<b>\$7.63</b>	\$40.68	\$30.51	<b>\$10.17</b>
Family	\$55.68	\$41.76	<b>\$13.92</b>	\$74.25	\$55.68	<b>\$18.56</b>
<b>EyeMed Vision - Basic with Medical*</b>						
Single	\$2.32	\$1.16	<b>\$1.16</b>	\$3.09	\$1.54	<b>\$1.54</b>
Two Person	\$4.37	\$2.19	<b>\$2.19</b>	\$5.83	\$2.91	<b>\$2.91</b>
Family	\$6.41	\$3.21	<b>\$3.21</b>	\$8.55	\$4.27	<b>\$4.27</b>
<b>EyeMed Vision - Enhanced with Medical*</b>						
Single	\$4.31	\$1.16	<b>\$3.15</b>	\$5.74	\$1.54	<b>\$4.20</b>
Two Person	\$8.13	\$2.19	<b>\$5.95</b>	\$10.84	\$2.91	<b>\$7.93</b>
Family	\$11.93	\$3.21	<b>\$8.73</b>	\$15.91	\$4.27	<b>\$11.63</b>

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



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<b>Delta Dental - Voluntary (Enrolled in Cash-in-Lieu of Medical)</b>						
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
<b>EyeMed Vision - Basic - Voluntary (Enrolled in Cash-in-Lieu of Medical)</b>						
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
<b>EyeMed Vision - Enhanced - Voluntary (Enrolled in Cash in Lieu of Medical)</b>						
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