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

January 1, 2024 through December 31, 2024

All Non-Academic Represented Union Employees

	12-Month Employees			9-Month Employees		
	Total Bi-weekly Costs	University Bi-weekly Subsidy	Employee Bi-weekly (per pay) Cost	Total Biweekly Costs	University Biweekly Subsidy	Employee Bi-weekly (per pay) Cost
Blue Cross and Blue Shield Trad Plan						
Single	$688.09	$316.55	**$371.54**	$917.45	$422.07	**$495.38**
Two Person	$1,513.80	$689.03	**$824.77**	$2,018.40	$918.70	**$1,099.70**
Family	$1,857.85	$798.94	**$1,058.90**	$2,477.13	$1,065.26	**$1,411.87**
BCBSM PPO (formerly Community Blue)						
Single	$651.91	$436.17	**$215.74**	$869.21	$581.56	**$287.66**
Two Person	$1,434.20	$974.19	**$460.01**	$1,912.27	$1,298.92	**$613.35**
Family	$1,760.15	$1,204.72	**$555.44**	$2,346.87	$1,606.29	**$740.58**
Health Alliance Plan (HMO)						
Single	$417.55	$317.35	**$100.19**	$556.73	$423.14	**$133.59**
Two Person	$968.70	$731.50	**$237.20**	$1,291.60	$975.33	**$316.27**
Family	$1,029.25	$770.63	**$258.62**	$1,372.33	$1,027.50	**$344.82**
Blue Care Network (HMO)						
Single	$393.37	$299.41	**$93.96**	$524.49	$399.21	**$125.28**
Two Person	$912.63	$689.93	**$222.70**	$1,216.83	$919.90	**$296.93**
Family	$966.26	$724.04	**$242.22**	$1,288.35	$965.39	**$322.96**
Sponsored Dependent	$550.72	$0.00	**$550.72**	$734.29	$0.00	**$734.29**
Priority Health Care (HMO)						
Single	$199.78	$155.58	**$44.20**	$266.37	$207.44	**$58.94**
Two Person	$399.56	$312.27	**$87.29**	$532.75	$416.36	**$116.38**
Family	$619.32	$476.00	**$143.31**	$825.75	$634.67	**$191.08**
Sponsored Dependent	$239.74	$0.00	**$239.74**	$319.65	$0.00	**$319.65**
Delta Dental - Basic with Medical*						
Single	$16.02	$12.82	**$3.20**	$21.36	$17.09	**$4.27**
Two Person	$32.04	$25.63	**$6.41**	$42.72	$34.17	**$8.54**
Family	$58.47	$46.78	**$11.69**	$77.96	$62.37	**$15.59**
Delta Dental - Enhanced with Medical*						
Single	$18.01	$12.82	**$5.20**	$24.02	$17.09	**$6.93**
Two Person	$36.02	$25.63	**$10.39**	$48.03	$34.17	**$13.86**
Family	$65.74	$46.78	**$18.97**	$87.66	$62.37	**$25.29**
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

10/24/2023

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

January 1, 2024 through December 31, 2024

All Non-Academic Represented Union Employees

	12-Month Employees			9-Month Employees		
	Total Bi-weekly Costs	University Bi-weekly Subsidy	Employee Bi-weekly (per pay) Cost	Total Biweekly Costs	University Biweekly Subsidy	Employee Bi-weekly (per pay) Cost
Voluntary Plans						
Delta Dental - Basic - Voluntary (Enrolled in Cash-in-Lieu of Medical)						
Single	$16.02	$0.00	**$16.02**	$21.36	$0.00	**$21.36**
Two Person	$32.04	$0.00	**$32.04**	$42.72	$0.00	**$42.72**
Family	$58.47	$0.00	**$58.47**	$77.96	$0.00	**$77.96**
Delta Dental - Enhanced - Voluntary (Enrolled in Cash-in-Lieu of Medical)						
Single	$18.01	$0.00	**$18.01**	$24.02	$0.00	**$24.02**
Two Person	$36.02	$0.00	**$36.02**	$48.03	$0.00	**$48.03**
Family	$65.74	$0.00	**$65.74**	$87.66	$0.00	**$87.66**
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**

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