



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

January 1, 2025 through December 31, 2025

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 Bi-weekly Costs	University Bi-weekly Subsidy	Employee Bi-weekly (per pay) Cost
Blue Cross Blue Shield Trad Plan						
Single	\$737.22	\$346.95	\$390.27	\$982.96	\$462.60	\$520.36
Two Person	\$1,621.88	\$755.89	\$865.99	\$2,162.50	\$1,007.85	\$1,154.65
Family	\$1,990.49	\$884.15	\$1,106.34	\$2,653.98	\$1,178.86	\$1,475.12
BCBSM PPO						
Single	\$698.45	\$468.75	\$229.70	\$931.27	\$625.00	\$306.27
Two Person	\$1,536.60	\$1,045.87	\$490.73	\$2,048.79	\$1,394.49	\$654.30
Family	\$1,885.82	\$1,292.69	\$593.13	\$2,514.43	\$1,723.58	\$790.85
Health Alliance Plan (HMO)						
Single	\$460.77	\$347.61	\$113.16	\$614.35	\$463.47	\$150.88
Two Person	\$1,068.98	\$801.69	\$267.29	\$1,425.31	\$1,068.93	\$356.38
Family	\$1,151.92	\$856.50	\$295.42	\$1,535.89	\$1,142.00	\$393.89
Blue Care Network (HMO)						
Single	\$458.04	\$344.68	\$113.36	\$610.72	\$459.57	\$151.15
Two Person	\$1,053.50	\$788.54	\$264.96	\$1,404.66	\$1,051.38	\$353.28
Family	\$1,145.10	\$849.23	\$295.87	\$1,526.80	\$1,132.31	\$394.49
<i>Sponsored Dependent</i>	\$641.26	\$0.00	\$641.26	\$855.01	\$0.00	\$855.01
Priority Health Care (HMO)						
Single	\$219.04	\$169.06	\$49.98	\$292.05	\$225.41	\$66.64
Two Person	\$438.07	\$339.23	\$98.84	\$584.09	\$452.31	\$131.78
Family	\$679.01	\$517.79	\$161.22	\$905.35	\$690.39	\$214.96
<i>Sponsored Dependent</i>	\$262.84	\$0.00	\$262.84	\$350.46	\$0.00	\$350.46
Delta Dental - Basic with Medical*						
Single	\$16.79	\$13.43	\$3.36	\$22.38	\$17.91	\$4.47
Two Person	\$33.58	\$26.86	\$6.72	\$44.77	\$35.82	\$8.95
Family	\$61.28	\$49.02	\$12.26	\$81.70	\$65.36	\$16.34
Delta Dental - Enhanced with Medical*						
Single	\$18.88	\$13.43	\$5.45	\$25.17	\$17.91	\$7.26
Two Person	\$37.75	\$26.86	\$10.89	\$50.34	\$35.82	\$14.52
Family	\$68.90	\$49.02	\$19.88	\$91.86	\$65.36	\$26.50
EyeMed Vision - Basic with Medical*						
Single	\$2.32	\$1.16	\$1.16	\$3.09	\$1.55	\$1.54
Two Person	\$4.37	\$2.19	\$2.18	\$5.83	\$2.92	\$2.91
Family	\$6.41	\$3.21	\$3.20	\$8.55	\$4.28	\$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	\$5.94	\$10.84	\$2.91	\$7.93
Family	\$11.93	\$3.21	\$8.72	\$15.91	\$4.28	\$11.63

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



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Voluntary Plans						
Delta Dental - Basic - Voluntary (Enrolled in Cash in Lieu of Medical)						
Single	\$16.79	\$0.00	\$16.79	\$22.38	\$0.00	\$22.38
Two Person	\$33.58	\$0.00	\$33.58	\$44.77	\$0.00	\$44.77
Family	\$61.28	\$0.00	\$61.28	\$81.70	\$0.00	\$81.70
Delta Dental - Enhanced - Voluntary (Enrolled in Cash in Lieu of Medical)						
Single	\$18.88	\$0.00	\$18.88	\$25.17	\$0.00	\$25.17
Two Person	\$37.75	\$0.00	\$37.75	\$50.34	\$0.00	\$50.34
Family	\$68.90	\$0.00	\$68.90	\$91.86	\$0.00	\$91.86
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

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