

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

January 1, 2023 through December 31, 2023

All Non-Academic Represented Union Employees **with OEPs**

	OEP/DP Rates 12-Mo EE's			OEP/DP Rates 9-Mo EE's		
	EE Pre-Tax Contrib	EE Post-Tax Contrib	Imputed Income Amount	EE Pre-Tax Contrib	EE Post-Tax Contrib	Imputed Income Amount
<b>Blue Cross &amp; Blue Shield Trad Plan</b>						
Single + OEP	\$424.88	\$518.93	\$368.31	\$566.50	\$691.91	\$491.08
Two Person + OEP	\$943.81	\$265.14	\$104.54	\$1,258.41	\$353.52	\$139.39
Family + OEP/OEP's Family	\$1,208.95	\$0.00	\$0.00	\$1,611.93	\$0.00	\$0.00
Single + OEP's Family	\$424.88	\$784.07	\$472.86	\$566.50	\$1,045.43	\$630.47
<b>Community Blue (PPO)</b>						
Single + OEP	\$230.32	\$261.76	\$578.83	\$307.09	\$349.01	\$771.77
Two Person + OEP	\$492.07	\$102.71	\$247.53	\$656.10	\$136.95	\$330.05
Family + OEP/OEP's Family	\$594.79	\$0.00	\$0.00	\$793.05	\$0.00	\$0.00
Single + OEP's Family	\$230.32	\$364.47	\$826.36	\$307.09	\$485.96	\$1,101.82
<b>Health Alliance Plan (HMO)</b>						
Single + OEP	\$92.95	\$127.45	\$391.85	\$123.94	\$169.94	\$522.46
Two Person + OEP	\$220.41	\$15.05	\$24.29	\$293.87	\$20.07	\$32.39
Family + OEP/OEP's Family	\$235.46	\$0.00	\$0.00	\$313.95	\$0.00	\$0.00
Single + OEP's Family	\$92.95	\$142.51	\$416.14	\$123.94	\$190.01	\$554.85
<b>Blue Care Network (HMO)</b>						
Single + OEP	\$87.86	\$118.44	\$366.49	\$117.14	\$157.91	\$488.65
Two Person + OEP	\$206.29	\$14.62	\$22.68	\$275.06	\$19.50	\$30.24
Family + OEP/OEP's Family	\$220.92	\$0.00	\$0.00	\$294.55	\$0.00	\$0.00
Single + OEP's Family	\$87.86	\$133.06	\$389.17	\$117.14	\$177.41	\$518.89
<b>Priority Health Care (HMO)</b>						
Single + OEP	\$39.44	\$38.32	\$145.58	\$52.59	\$51.09	\$194.11
Two Person + OEP	\$77.76	\$50.78	\$151.51	\$103.68	\$67.71	\$202.01
Family + OEP/OEP's Family	\$128.54	\$0.00	\$0.00	\$171.39	\$0.00	\$0.00
Single + OEP's Family	\$39.44	\$89.10	\$297.09	\$52.59	\$118.81	\$396.11
<b>Delta Dental</b>						
Single + OEP	\$3.05	\$3.05	\$12.20	\$4.07	\$4.07	\$16.27
Two Person + OEP	\$6.10	\$5.03	\$20.14	\$8.14	\$6.71	\$26.85
Family + OEP/OEP's Family	\$11.14	\$0.00	\$0.00	\$14.85	\$0.00	\$0.00
Single + OEP's Family	\$3.05	\$8.09	\$32.34	\$4.07	\$10.78	\$43.12
<b>EyeMed Vision - Basic with Medical</b>						
Single + OEP	\$1.16	\$1.03	\$1.03	\$1.54	\$1.37	\$1.37
Two Person + OEP	\$2.19	\$1.02	\$1.02	\$2.91	\$1.36	\$1.36
Family + OEP/OEP's Family	\$3.21	\$0.00	\$0.00	\$4.27	\$0.00	\$0.00
Single + OEP's Family	\$1.16	\$2.05	\$2.05	\$1.54	\$2.73	\$2.73
<b>EyeMed Vision - Enhanced with Medical</b>						
Single + OEP	\$3.15	\$2.79	\$1.03	\$4.20	\$3.73	\$1.37
Two Person + OEP	\$5.95	\$2.78	\$1.02	\$7.93	\$3.71	\$1.36
Family + OEP/OEP's Family	\$8.73	\$0.00	\$0.00	\$11.63	\$0.00	\$0.00
Single + OEP's Family	\$3.15	\$5.57	\$2.05	\$4.20	\$7.43	\$2.73



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<b>Delta Dental (Voluntary/Enrolled in Cash in Lieu of Medical)</b>						
Single + OEP	\$15.26	\$15.26	\$0.00	\$20.34	\$20.34	\$0.00
Two Person + OEP	\$30.51	\$25.17	\$0.00	\$40.68	\$33.56	\$0.00
Family + OEP/OEP's Family	\$55.68	\$0.00	\$0.00	\$74.25	\$0.00	\$0.00
Single + OEP's Family	\$15.26	\$40.43	\$0.00	\$20.34	\$53.91	\$0.00
<b>EyeMed Vision - Basic (Voluntary/Enrolled in Cash in Lieu of Medical)</b>						
Single + OEP	\$4.23	\$3.78	\$0.00	\$5.64	\$5.04	\$0.00
Two Person + OEP	\$8.01	\$3.78	\$0.00	\$10.68	\$5.04	\$0.00
Family + OEP/OEP's Family	\$11.79	\$0.00	\$0.00	\$15.72	\$0.00	\$0.00
Single + OEP's Family	\$4.23	\$7.56	\$0.00	\$5.64	\$10.08	\$0.00
<b>EyeMed Vision - Enhanced (Voluntary/Enrolled in Cash in Lieu of Medical)</b>						
Single + OEP	\$7.46	\$6.66	\$0.00	\$9.95	\$8.88	\$0.00
Two Person + OEP	\$14.12	\$6.66	\$0.00	\$18.83	\$8.88	\$0.00
Family + OEP/OEP's Family	\$20.78	\$0.00	\$0.00	\$27.71	\$0.00	\$0.00
Single + OEP's Family	\$7.46	\$13.32	\$0.00	\$9.95	\$17.76	\$0.00