

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

January 1, 2023 through December 31, 2023

AAUP, GEOC & Non-Represented Employees and Stipend Recipients **with OEPs**

	OEP/DP Rates 12-Mo EE's			OEP/DP Rates 9-Mo EE's		
	EE Pre-Tax	EE Post-Tax	Imputed	EE Pre-Tax	EE Post-Tax	Imputed
	Contrib	Contrib	Income Amount	Contrib	Contrib	Amount
Blue Cross & Blue Shield Trad Plan						
Single + OEP	\$416.63	\$509.31	\$353.00	\$555.51	\$679.08	\$470.67
Two Person + OEP	\$925.94	\$259.78	\$99.52	\$1,234.58	\$346.37	\$132.69
Family + OEP/OEP's Family	\$1,185.71	\$0.00	\$0.00	\$1,580.95	\$0.00	\$0.00
Single + OEP's Family	\$416.63	\$769.09	\$452.52	\$555.51	\$1,025.45	\$603.36
Community Blue (PPO)						
Single + OEP	\$221.27	\$250.90	\$553.49	\$295.02	\$334.53	\$737.99
Two Person + OEP	\$472.17	\$98.19	\$236.98	\$629.56	\$130.92	\$315.97
Family + OEP/OEP's Family	\$570.35	\$0.00	\$0.00	\$760.47	\$0.00	\$0.00
Single + OEP's Family	\$221.27	\$349.09	\$790.47	\$295.02	\$465.45	\$1,053.96
Health Alliance Plan (HMO)						
Single + OEP	\$88.96	\$122.18	\$379.54	\$118.61	\$162.91	\$506.06
Two Person + OEP	\$211.14	\$14.65	\$23.36	\$281.52	\$19.54	\$31.14
Family + OEP/OEP's Family	\$225.79	\$0.00	\$0.00	\$301.06	\$0.00	\$0.00
Single + OEP's Family	\$88.96	\$136.83	\$402.90	\$118.61	\$182.44	\$537.20
Blue Care Network (HMO)						
Single + OEP	\$82.26	\$111.16	\$349.52	\$109.68	\$148.22	\$466.03
Two Person + OEP	\$193.43	\$14.06	\$21.37	\$257.90	\$18.75	\$28.50
Family + OEP/OEP's Family	\$207.49	\$0.00	\$0.00	\$276.65	\$0.00	\$0.00
Single + OEP's Family	\$82.26	\$125.23	\$370.89	\$109.68	\$166.97	\$494.53
Priority Health Care (HMO)						
Single + OEP	\$36.59	\$35.47	\$138.94	\$48.79	\$47.30	\$185.25
Two Person + OEP	\$72.07	\$47.65	\$144.20	\$96.09	\$63.54	\$192.27
Family + OEP/OEP's Family	\$119.72	\$0.00	\$0.00	\$159.63	\$0.00	\$0.00
Single + OEP's Family	\$36.59	\$83.13	\$283.14	\$48.79	\$110.84	\$377.52
Delta Dental						
Single + OEP	\$3.81	\$3.81	\$11.44	\$5.09	\$5.09	\$15.26
Two Person + OEP	\$7.63	\$6.29	\$18.88	\$10.17	\$8.39	\$25.17
Family + OEP/OEP's Family	\$13.92	\$0.00	\$0.00	\$18.56	\$0.00	\$0.00
Single + OEP's Family	\$3.81	\$10.11	\$30.32	\$5.09	\$13.48	\$40.43
EyeMed Vision - Basic with Medical						
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
EyeMed Vision - Enhanced with Medical						
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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	EE Pre-Tax Contrib	EE Post-Tax Contrib	Imputed Income Amount	EE Pre-Tax Contrib	EE Post-Tax Contrib	Imputed Income Amount
Delta Dental (Voluntary/Enrolled in Cash in Lieu of Medical)						
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
EyeMed Vision - Basic (Voluntary/Enrolled in Cash in Lieu of Medical)						
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
EyeMed Vision - Enhanced (Voluntary/Enrolled in Cash in Lieu of Medical)						
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