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

January 1, 2024 through December 31, 2024

All Non-Academic Represented Union Employees with OEPs

	12-Month Employees with OEPs			9-Month Employees with OEPs		
	Employee Pre-tax Contribution	Employee Post-tax Contribution	Imputed Income Amount	Employee Pre-tax Contribution	Employee Post-tax Contribution	Imputed Income Amount
Blue Cross and Blue Shield Trad Plan						
Single + OEP	$371.54	$453.24	$372.47	$495.38	$604.31	$496.63
Two Person + OEP	$824.77	$234.13	$109.92	$1,099.70	$312.17	$146.55
Family + OEP/OEP's Family	$1,058.90	$0.00	$0.00	$1,411.87	$0.00	$0.00
Single + OEP's Family	$371.54	$687.37	$482.39	$495.38	$916.49	$643.18
BCBSM PPO (formerly Community Blue)						
Single + OEP	$215.74	$244.27	$538.02	$287.66	$325.69	$717.36
Two Person + OEP	$460.01	$95.42	$230.53	$613.35	$127.23	$307.37
Family + OEP/OEP's Family	$555.44	$0.00	$0.00	$740.58	$0.00	$0.00
Single + OEP's Family	$215.74	$339.69	$768.55	$287.66	$452.92	$1,024.74
Health Alliance Plan (HMO)						
Single + OEP	$100.19	$137.01	$414.15	$133.59	$182.68	$552.19
Two Person + OEP	$237.20	$21.41	$39.13	$316.27	$28.55	$52.18
Family + OEP/OEP's Family	$258.62	$0.00	$0.00	$344.82	$0.00	$0.00
Single + OEP's Family	$100.19	$158.42	$453.28	$133.59	$211.23	$604.37
Blue Care Network (HMO)						
Single + OEP	$93.96	$128.74	$390.52	$125.28	$171.65	$520.69
Two Person + OEP	$222.70	$19.52	$34.11	$296.93	$26.03	$45.48
Family + OEP/OEP's Family	$242.22	$0.00	$0.00	$322.96	$0.00	$0.00
Single + OEP's Family	$93.96	$148.26	$424.63	$125.28	$197.68	$566.18
Priority Health Care (HMO)						
Single + OEP	$44.20	$43.08	$156.70	$58.94	$57.44	$208.93
Two Person + OEP	$87.29	$56.02	$163.73	$116.38	$74.70	$218.31
Family + OEP/OEP's Family	$143.31	$0.00	$0.00	$191.08	$0.00	$0.00
Single + OEP's Family	$44.20	$99.11	$320.43	$58.94	$132.14	$427.24
Delta Dental - Basic with Medical*						
Single + OEP	$3.20	$3.20	$12.82	$4.27	$4.27	$17.09
Two Person + OEP	$6.41	$5.29	$21.15	$8.54	$7.05	$28.19
Family + OEP/OEP's Family	$11.69	$0.00	$0.00	$15.59	$0.00	$0.00
Single + OEP's Family	$3.20	$8.49	$33.96	$4.27	$11.32	$45.28
Delta Dental - Enhanced with Medical*						
Single + OEP	$5.20	$5.20	$12.82	$6.93	$6.93	$17.09
Two Person + OEP	$10.39	$8.57	$21.15	$13.86	$11.43	$28.19
Family + OEP/OEP's Family	$18.97	$0.00	$0.00	$25.29	$0.00	$0.00
Single + OEP's Family	$5.20	$13.77	$33.96	$6.93	$18.36	$45.28
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

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

11/13/2023

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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
Voluntary Plans						
Delta Dental - Basic - Voluntary (Enrolled in Cash-in-Lieu of Medical)						
Single + OEP	$16.02	$16.02	$0.00	$21.36	$21.36	$0.00
Two Person + OEP	$32.04	$26.43	$0.00	$42.72	$35.24	$0.00
Family + OEP/OEP's Family	$58.47	$0.00	$0.00	$77.96	$0.00	$0.00
Single + OEP's Family	$16.02	$42.45	$0.00	$21.36	$56.60	$0.00
Delta Dental - Enhanced - Voluntary (Enrolled in Cash-in-Lieu of Medical)						
Single + OEP	$18.01	$18.01	$0.00	$24.02	$24.02	$0.00
Two Person + OEP	$36.02	$29.72	$0.00	$48.03	$39.63	$0.00
Family + OEP/OEP's Family	$65.74	$0.00	$0.00	$87.66	$0.00	$0.00
Single + OEP's Family	$18.01	$47.73	$0.00	$24.02	$63.64	$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

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