



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

January 1, 2025 through December 31, 2025

AAUP, GEOC & Non-Represented Employees and Stipend Recipients **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	\$376.71	\$460.03	\$384.72	\$502.27	\$613.38	\$512.96
Two Person + OEP	\$836.74	\$232.04	\$119.94	\$1,115.65	\$309.38	\$159.92
Family + OEP/OEP's Family	\$1,068.78	\$0.00	\$0.00	\$1,425.03	\$0.00	\$0.00
Single + OEP's Family	\$376.71	\$692.07	\$504.66	\$502.27	\$922.76	\$672.88
BCBSM PPO						
Single + OEP	\$217.17	\$245.99	\$542.02	\$289.57	\$327.97	\$722.71
Two Person + OEP	\$463.16	\$96.14	\$232.20	\$617.54	\$128.19	\$309.60
Family + OEP/OEP's Family	\$559.30	\$0.00	\$0.00	\$745.73	\$0.00	\$0.00
Single + OEP's Family	\$217.17	\$342.13	\$774.22	\$289.57	\$456.16	\$1,032.31
Health Alliance Plan (HMO)						
Single + OEP	\$105.65	\$144.22	\$430.96	\$140.87	\$192.29	\$574.61
Two Person + OEP	\$249.87	\$26.78	\$51.65	\$333.16	\$35.70	\$68.87
Family + OEP/OEP's Family	\$276.65	\$0.00	\$0.00	\$368.86	\$0.00	\$0.00
Single + OEP's Family	\$105.65	\$171.00	\$482.61	\$140.87	\$227.99	\$643.48
Blue Care Network (HMO)						
Single + OEP	\$103.97	\$139.38	\$415.37	\$138.63	\$185.84	\$553.82
Two Person + OEP	\$243.35	\$29.04	\$56.30	\$324.47	\$38.71	\$75.08
Family + OEP/OEP's Family	\$272.39	\$0.00	\$0.00	\$363.18	\$0.00	\$0.00
Single + OEP's Family	\$103.97	\$168.42	\$471.67	\$138.63	\$224.55	\$628.90
Priority Health Care (HMO)						
Single + OEP	\$45.65	\$44.52	\$160.06	\$60.86	\$59.37	\$213.41
Two Person + OEP	\$90.17	\$57.61	\$167.44	\$120.23	\$76.81	\$223.25
Family + OEP/OEP's Family	\$147.78	\$0.00	\$0.00	\$197.04	\$0.00	\$0.00
Single + OEP's Family	\$45.65	\$102.13	\$327.50	\$60.86	\$136.18	\$436.66
Delta Dental - Basic with Medical*						
Single + OEP	\$4.20	\$4.19	\$12.60	\$5.60	\$5.59	\$16.80
Two Person + OEP	\$8.39	\$6.93	\$20.77	\$11.19	\$9.24	\$27.69
Family + OEP/OEP's Family	\$15.32	\$0.00	\$0.00	\$20.43	\$0.00	\$0.00
Single + OEP's Family	\$4.20	\$11.12	\$33.37	\$5.60	\$14.83	\$44.49
Delta Dental - Enhanced with Medical*						
Single + OEP	\$6.29	\$6.28	\$12.59	\$8.38	\$8.38	\$16.79
Two Person + OEP	\$12.57	\$10.37	\$20.78	\$16.76	\$13.83	\$27.69
Family + OEP/OEP's Family	\$22.94	\$0.00	\$0.00	\$30.59	\$0.00	\$0.00
Single + OEP's Family	\$6.29	\$16.65	\$33.37	\$8.38	\$22.21	\$44.48
EyeMed Vision - Basic with Medical*						
Single + OEP	\$1.16	\$1.03	\$1.02	\$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	\$2.04	\$1.54	\$2.73	\$2.73

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



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EyeMed Vision - Enhanced with Medical*						
Single + OEP	\$3.15	\$2.80	\$1.02	\$4.20	\$3.73	\$1.37
Two Person + OEP	\$5.95	\$2.78	\$1.02	\$7.93	\$3.70	\$1.37
Family + OEP/OEP's Family	\$8.73	\$0.00	\$0.00	\$11.63	\$0.00	\$0.00
Single + OEP's Family	\$3.15	\$5.58	\$2.04	\$4.20	\$7.43	\$2.74
Voluntary Plans						
Delta Dental - Basic - Voluntary (Enrolled in Cash in Lieu of Medical)						
Single + OEP	\$16.79	\$16.79	\$0.00	\$22.38	\$22.39	\$0.00
Two Person + OEP	\$33.58	\$27.70	\$0.00	\$44.77	\$36.93	\$0.00
Family + OEP/OEP's Family	\$61.28	\$0.00	\$0.00	\$81.70	\$0.00	\$0.00
Single + OEP's Family	\$16.79	\$44.49	\$0.00	\$22.38	\$59.32	\$0.00
Delta Dental - Enhanced - Voluntary (Enrolled in Cash in Lieu of Medical)						
Single + OEP	\$18.88	\$18.87	\$0.00	\$25.17	\$25.17	\$0.00
Two Person + OEP	\$37.75	\$31.15	\$0.00	\$50.34	\$41.52	\$0.00
Family + OEP/OEP's Family	\$68.90	\$0.00	\$0.00	\$91.86	\$0.00	\$0.00
Single + OEP's Family	\$18.88	\$50.02	\$0.00	\$25.17	\$66.69	\$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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