

Medical Plan Monthly Premium Rate Schedule - Retirees and Long-Term Disability Recipients

January 1, 2020 through December 31, 2020

	Retirees	Long-Term Disability		
	Monthly Premium	Total Cost	University Subsidy	Monthly Premium
Blue Cross and Blue Shield				
Single without Medicare A&B	\$1,811.44	\$1,811.44	\$555.27	\$1,256.16
Single with Medicare A&B	\$1,177.42	\$1,177.42	\$555.27	\$622.15
2 Person both without Medicare A&B	\$3,985.17	\$3,985.17	\$1,203.18	\$2,781.99
2 Person 1 with 1 without Medicare A&B	\$2,988.86	\$2,988.86	\$1,203.18	\$1,785.69
2 Person both with Medicare A&B	\$2,354.85	\$2,354.85	\$1,203.18	\$1,151.67
Family (1 with 2 without Medicare A&B)	\$5,162.59	\$5,162.59	\$1,367.48	\$3,795.11
Family (All without Medicare A&B)	\$4,893.33	\$4,893.33	\$1,367.48	\$3,525.84
Family (2 with and 1 without Medicare A&B)	\$4,166.29	\$4,166.29	\$1,367.48	\$2,798.81
Blue Care Network (HMO)				
Single without Medicare A&B	\$655.48	\$655.48	\$576.82	\$78.66
Single with Medicare A&B	\$829.47	\$829.47	\$547.45	\$282.02
2 Person both without Medicare A&B	\$1,507.60	\$1,507.60	\$1,326.69	\$180.91
2 Person 1 with 1 without Medicare A&B	\$1,484.95	\$1,484.95	\$1,291.91	\$193.04
2 Person both with Medicare A&B	\$1,658.94	\$1,658.94	\$1,260.79	\$398.15
Family (1 with 2 without Medicare A&B)	\$2,337.07	\$2,337.07	\$1,332.13	\$1,004.94
Family (All without Medicare A&B)	\$1,540.38	\$1,540.38	\$1,355.53	\$184.85
Health Alliance Plan (HMO)				
Single w/out Medicare	\$1,227.86	\$1,227.86	\$566.52	\$661.34
Single with Medicare	\$884.16	\$884.16	\$566.52	\$317.64
2 Person both w/out Medicare	\$2,846.12	\$2,846.12	\$1,303.76	\$1,542.36
2 Person Sub w/out Medicare, Sp w/ Medicare	\$2,112.02	\$2,112.02	\$1,303.76	\$808.26
2 Person Sub w/ Medicare, Sp w/out Medicare	\$2,502.42	\$2,502.42	\$1,303.76	\$1,198.66
2 Person Sub w/ Medicare, Child w/out Medicare	\$2,502.42	\$2,502.42	\$1,303.76	\$1,198.66
2 Person both with Medicare	\$1,768.32	\$1,768.32	\$1,303.76	\$464.56
Family all w/out Medicare	\$2,907.98	\$2,907.98	\$1,365.62	\$1,542.36
Family Sub, Spouse (Medicare) & Child	\$3,730.28	\$3,730.28	\$1,365.62	\$2,364.66
Family Sub, Spouse (Medicare) & Children	\$3,792.14	\$3,792.14	\$1,365.62	\$2,426.52
Family Sub (Medicare), Sp (Medicare) & Child	\$3,386.58	\$3,386.58	\$1,365.62	\$2,020.96
Family Sub (Medicare), Sp (Medicare) & Children	\$3,448.44	\$3,448.44	\$1,365.62	\$2,082.82
Family Sub (Medicare) & Children	\$2,564.28	\$2,564.28	\$1,365.62	\$1,198.66
Family Sub (Medicare), Spouse & Children	\$2,564.28	\$2,564.28	\$1,365.62	\$1,198.66
Family Sub, Spouse & Child (All w/ Medicare)	\$2,652.48	\$2,652.48	\$1,365.62	\$1,286.86
Health Alliance Plan Senior Plus - Medicare Advantage (HMO)				
Single with Medicare A&B	\$655.84	\$655.84	\$360.26	\$295.58
2 Person both with Medicare A&B	\$1,311.68	\$1,311.68	\$717.05	\$594.63
Family (All with Medicare A&B)	\$1,967.52	\$1,967.52	\$783.73	\$1,183.79
Aetna - Medicare Advantage (PPO)				
Single with Medicare A&B	\$420.85	\$420.85	\$231.18	\$189.67
2 Person both with Medicare A&B	\$841.70	\$841.70	\$460.13	\$381.57
Family (All with Medicare A&B)	\$1,262.55	\$1,262.55	\$502.92	\$759.63

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Delta Dental				
Single	\$39.43	\$39.43	\$0.00	\$39.43
Two Person	\$76.27	\$76.27	\$0.00	\$76.27
Family	\$126.85	\$126.85	\$0.00	\$126.85
EyeMed Vision - Basic				
Single	\$8.46	\$8.46	\$0.00	\$8.46
Two Person	\$16.02	\$16.02	\$0.00	\$16.02
Family	\$23.58	\$23.58	\$0.00	\$23.58
EyeMed Vision - Enhanced				
Single	\$14.92	\$14.92	\$0.00	\$14.92
Two Person	\$28.23	\$28.23	\$0.00	\$28.23
Family	\$41.55	\$41.55	\$0.00	\$41.55