

Full-Time Faculty and Staff Health Plans Premium Rates	2018	2018 Monthly Rates		2018 Biweekly Rates	
	Total Monthly Rate	Employer	Employee	Employer	Employee

Blue Edge CDHP*					
Single	\$ 404.27	\$ 323.42	\$ 80.85	\$ 161.71	\$ 40.43
Single+Spouse	\$ 909.62	\$ 727.70	\$ 181.92	\$ 363.85	\$ 90.96
Single+Children	\$ 836.84	\$ 669.47	\$ 167.37	\$ 334.74	\$ 83.68
Family	\$ 1,253.25	\$ 1,002.60	\$ 250.65	\$ 501.30	\$ 125.33

HMO Illinois					
Single	\$ 576.62	\$ 461.30	\$ 115.32	\$ 230.65	\$ 57.66
Single+Spouse	\$ 1,155.41	\$ 924.33	\$ 231.08	\$ 462.16	\$ 115.54
Single+Children	\$ 1,052.66	\$ 842.13	\$ 210.53	\$ 421.06	\$ 105.27
Family	\$ 1,501.93	\$ 1,201.54	\$ 300.39	\$ 600.77	\$ 150.19

Blue Cross Blue Shield PPO					
Single	\$ 732.26	\$ 585.81	\$ 146.45	\$ 292.90	\$ 73.23
Single+Spouse	\$ 1,647.59	\$ 1,318.07	\$ 329.52	\$ 659.04	\$ 164.76
Single+Children	\$ 1,515.78	\$ 1,212.62	\$ 303.16	\$ 606.31	\$ 151.58
Family	\$ 2,270.00	\$ 1,816.00	\$ 454.00	\$ 908.00	\$ 227.00

Dental					
Single	\$ 38.49	\$ 24.36	\$ 14.13	\$ 12.18	\$ 7.06
Single+Spouse	\$ 84.67	\$ 53.60	\$ 31.07	\$ 26.80	\$ 15.54
Single+Children	\$ 79.68	\$ 50.44	\$ 29.24	\$ 25.22	\$ 14.62
Family	\$ 115.47	\$ 73.09	\$ 42.38	\$ 36.55	\$ 21.19

Vision					
Single	\$ 8.19	\$ -	\$ 8.19	\$ -	\$ 4.10
Single+Spouse	\$ 13.07	\$ -	\$ 13.07	\$ -	\$ 6.54
Single+Children	\$ 13.98	\$ -	\$ 13.98	\$ -	\$ 6.99
Family	\$ 22.35	\$ -	\$ 22.35	\$ -	\$ 11.18

Supplemental Life	Rates are based on age bracket and salary
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Accidental Death & Dismemberment	Rates are based on salary
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Dependent Life					
Option I - \$10,000/\$5,000 coverage	\$ 3.29	\$ -	\$3.29	\$ -	\$1.65
Option II - \$20,000/\$10,000 coverage	\$ 6.58	\$ -	\$6.58	\$ -	\$3.29

*When you enroll in the Blue Cross Blue Shield CDHP and establish a tax-free Health Savings Account (HSA) DePaul will contribute a maximum of \$500 (Single) or \$1,000 (Family) per year for use towards medical expenses.

Note: COBRA rates available on separate document on HR website