

Full-Time Faculty and Staff Health Plans Premium Rates	2019	2019 Monthly Rates		2019 Biweekly Rates	
	Total Monthly Rate	Employer	Employee	Employer	Employee

Blue Edge CDHP*					
Single	\$ 450.09	\$ 360.07	\$ 90.02	\$ 180.04	\$ 45.01
Single+Spouse	\$ 1,012.73	\$ 810.18	\$ 202.55	\$ 405.09	\$ 101.27
Single+Children	\$ 931.70	\$ 745.36	\$ 186.34	\$ 372.68	\$ 93.17
Family	\$ 1,395.31	\$ 1,116.25	\$ 279.06	\$ 558.12	\$ 139.53

HMO Illinois					
Single	\$ 596.51	\$ 477.21	\$ 119.30	\$ 238.60	\$ 59.65
Single+Spouse	\$ 1,195.56	\$ 956.45	\$ 239.11	\$ 478.22	\$ 119.56
Single+Children	\$ 1,089.21	\$ 871.37	\$ 217.84	\$ 435.68	\$ 108.92
Family	\$ 1,554.21	\$ 1,243.37	\$ 310.84	\$ 621.68	\$ 155.42

Blue Cross Blue Shield PPO					
Single	\$ 815.26	\$ 652.21	\$ 163.05	\$ 326.10	\$ 81.53
Single+Spouse	\$ 1,834.35	\$ 1,467.48	\$ 366.87	\$ 733.74	\$ 183.44
Single+Children	\$ 1,687.59	\$ 1,350.07	\$ 337.52	\$ 675.04	\$ 168.76
Family	\$ 2,527.31	\$ 2,021.85	\$ 505.46	\$ 1,010.92	\$ 252.73

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	\$ 8.84	\$ -	\$ 8.84	\$ -	\$ 4.42
Single+Spouse	\$ 14.10	\$ -	\$ 14.10	\$ -	\$ 7.05
Single+Children	\$ 15.09	\$ -	\$ 15.09	\$ -	\$ 7.55
Family	\$ 24.12	\$ -	\$ 24.12	\$ -	\$ 12.06

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