

Long Term Disability Participant Health Plans Premium Rates	2019	2019 Monthly Rates		2019 Annual Rates	
	Total Monthly Rate	DePaul	Participant	DePaul	Participant

Blue Cross Blue Shield PPO					
LTD Participant	\$ 1,420.38	\$ 1,257.33	\$ 163.05	\$15,087.94	\$ 1,956.62
LTD Participant + 1	\$ 2,840.75	\$ 2,473.88	\$ 366.87	\$29,686.56	\$ 4,402.44
LTD Participant + Family	\$ 3,458.95	\$ 2,953.49	\$ 505.46	\$35,441.86	\$ 6,065.54

HMO Illinois					
LTD Participant	\$ 554.66	\$ 443.73	\$ 110.93	\$ 5,324.74	\$ 1,331.18
LTD Participant + 1	\$ 1,422.89	\$ 1,138.31	\$ 284.58	\$13,659.74	\$ 3,414.94
LTD Participant + Family	\$ 1,422.89	\$ 1,138.31	\$ 284.58	\$13,659.74	\$ 3,414.94