

DePaul University - Benefits Plan Premium Rates

COBRA Rates	2020		2020 Rates	
	Total Monthly Rate		Employer	COBRA Member
Blue Edge CDHP				
Single	\$ 480.27		\$ -	\$ 489.88
Single+Spouse	\$ 1,080.61		\$ -	\$ 1,102.22
Single+Children	\$ 994.15		\$ -	\$ 1,014.03
Family	\$ 1,488.84		\$ -	\$ 1,518.62
HMO Illinois				
Single	\$ 609.45		\$ -	\$ 621.64
Single+Spouse	\$ 1,221.68		\$ -	\$ 1,246.11
Single+Children	\$ 1,112.99		\$ -	\$ 1,135.25
Family	\$ 1,588.22		\$ -	\$ 1,619.98
Blue Cross Blue Shield PPO				
Single	\$ 869.91		\$ -	\$ 887.31
Single+Spouse	\$ 1,957.31		\$ -	\$ 1,996.46
Single+Children	\$ 1,800.72		\$ -	\$ 1,836.73
Family	\$ 2,696.72		\$ -	\$ 2,750.65
Dental				
Single	\$ 39.52		\$ -	\$ 40.31
Single+Spouse	\$ 86.93		\$ -	\$ 88.67
Single+Children	\$ 81.81		\$ -	\$ 83.45
Family	\$ 118.55		\$ -	\$ 120.92
Vision				
Single	\$ 8.84		\$ -	\$ 9.02
Single+Spouse	\$ 14.10		\$ -	\$ 14.38
Single+Children	\$ 15.09		\$ -	\$ 15.39
Family	\$ 24.12		\$ -	\$ 24.60