

DePaul University - Benefits Plan Premium Rates

	2020 Monthly Rates		2020 Biweekly Rates	
	Total Monthly Rate	Employer	Employee	Employer

Blue Edge CDHP*					
Single	\$ 480.27	\$ 384.22	\$ 96.05	\$ 192.11	\$ 48.03
Single+Spouse	\$ 1,080.61	\$ 864.49	\$ 216.12	\$ 432.24	\$ 108.06
Single+Children	\$ 994.15	\$ 795.32	\$ 198.83	\$ 397.66	\$ 99.42
Family	\$ 1,488.84	\$ 1,191.07	\$ 297.77	\$ 595.54	\$ 148.88

HMO Illinois					
Single	\$ 609.45	\$ 487.56	\$ 121.89	\$ 243.78	\$ 60.95
Single+Spouse	\$ 1,221.68	\$ 977.34	\$ 244.34	\$ 488.67	\$ 122.17
Single+Children	\$ 1,112.99	\$ 890.39	\$ 222.60	\$ 445.20	\$ 111.30
Family	\$ 1,588.22	\$ 1,270.58	\$ 317.64	\$ 635.29	\$ 158.82

Blue Cross Blue Shield PPO					
Single	\$ 869.91	\$ 695.93	\$ 173.98	\$ 347.96	\$ 86.99
Single+Spouse	\$ 1,957.31	\$ 1,565.85	\$ 391.46	\$ 782.92	\$ 195.73
Single+Children	\$ 1,800.72	\$ 1,440.58	\$ 360.14	\$ 720.29	\$ 180.07
Family	\$ 2,696.72	\$ 2,157.38	\$ 539.34	\$ 1,078.69	\$ 269.67

Dental					
Single	\$ 39.52	\$ 25.02	\$ 14.50	\$ 12.51	\$ 7.25
Single+Spouse	\$ 86.93	\$ 55.03	\$ 31.90	\$ 27.51	\$ 15.95
Single+Children	\$ 81.81	\$ 51.79	\$ 30.02	\$ 25.89	\$ 15.01
Family	\$ 118.55	\$ 75.04	\$ 43.51	\$ 37.52	\$ 21.75

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