

6.78

10.81

11.56

18.48

\$

\$

\$

\$

Part-time Faculty and Staff Premium Rates for 2024 Health Plans		2024		2024 Monthly Rates				2024 BIWeekly Rates				
		Total Monthly Rate		DePaul		Employee		DePaul	Employee			
Part- time Faculty (16 pay periods)												
Blue Edge CDHP*												
Single	\$	921.27	\$	768.35	\$	152.92		\$ 384.18	\$	76.46		
Single+Spouse	\$	2,072.94	\$	518.22	\$	1,554.72		\$ 259.11	\$	777.36		
Single+Children	\$	1,907.07	\$	476.79	\$	1,430.28		\$ 238.40	\$	715.14		
Family	\$	2,856.06	\$	713.96	\$	2,142.10		\$ 356.98	\$	1,071.05		
Dental												
Single	\$	66.28	\$	-	\$	66.28		\$ -	\$	33.14		
Single+Spouse	\$	145.78	\$	-	\$	145.78		\$ -	\$	72.89		
Single+Children	\$	137.20	\$	-	\$	137.20		\$ -	\$	68.60		
Family	\$	198.84	\$	-	\$	198.84		\$ -	\$	99.42		
Minimum.												
Vision												

13.56 \$

21.62 \$

23.12 \$

36.96 \$

\$ \$ \$ 13.56

21.62

23.12

36.96

\$

\$

\$ \$ \$

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Single

Family

Single+Spouse

Single+Children

Part-time Staff (24 pay periods)						
Blue Edge CDHP*						
Single	\$ 614.18	\$ 512.24	\$ 101.94	\$	256.12	\$ 50.97
Single+Spouse	\$ 1,381.96	\$ 345.48	\$ 1,036.48	\$	172.74	\$ 518.24
Single+Children	\$ 1,271.38	\$ 317.86	\$ 953.52	\$	158.93	\$ 476.76
Family	\$ 1,904.04	\$ 475.98	\$ 1,428.06	\$	237.99	\$ 714.03
Dental						
Single	\$ 44.18	\$	\$ 44.18	\$		\$ 22.09
Single+Spouse	\$ 97.18	\$	\$ 97.18	\$		\$ 48.59
Single+Children	\$ 91.46	\$	\$ 91.46	\$		\$ 45.73
Family	\$ 132.56	\$ -	\$ 132.56	\$	-	\$ 66.28
Vision						
Single	\$ 9.04	\$ -	\$ 9.04	\$	-	\$ 4.52
Single+Spouse	\$ 14.42	\$ -	\$ 14.42	\$	-	\$ 7.21
Single+Children	\$ 15.42	\$ -	\$ 15.42	\$	-	\$ 7.71
Family	\$ 24.64	\$ -	\$ 24.64	\$	-	\$ 12.32

^{*}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 \$250 (Single) or \$500 (Family) per year for use towards medical expenses.

2024 PT Rates Effective 1/1/24-12/31/24