

**Part-time Faculty and Staff
Premium Rates for
2027 Health Plans**

2027	2027 Monthly Rates		2027 Biweekly Rates	
Total Monthly Rate	DePaul	Employee	DePaul	Employee

Part-time Faculty (16 pay periods)

Blue Edge CDHP*					
Single	\$1,149.57	\$ 945.68	\$ 203.90	\$ 472.84	\$ 101.95
Single+Spouse	\$2,586.64	\$ 646.66	\$ 1,939.98	\$ 323.33	\$ 969.99
Single+Children	\$2,379.70	\$ 594.94	\$ 1,784.76	\$ 297.47	\$ 892.38
Family	\$3,563.86	\$ 890.98	\$ 2,672.88	\$ 445.49	\$ 1,336.44

Dental					
Single	\$80.86	\$ -	\$ 80.86	\$ -	\$ 40.43
Single+Spouse	\$177.82	\$ -	\$ 177.82	\$ -	\$ 88.91
Single+Children	\$167.34	\$ -	\$ 167.34	\$ -	\$ 83.67
Family	\$242.52	\$ -	\$ 242.52	\$ -	\$ 121.26

Vision					
Single	\$ 18.18	\$ -	\$ 18.18	\$ -	\$ 9.09
Single+Spouse	\$ 29.04	\$ -	\$ 29.04	\$ -	\$ 14.52
Single+Children	\$ 31.04	\$ -	\$ 31.04	\$ -	\$ 15.52
Family	\$ 49.60	\$ -	\$ 49.60	\$ -	\$ 24.80

Part-time Staff (24 pay periods)

Blue Edge CDHP*					
Single	\$766.38	\$ 630.46	\$ 135.92	\$ 315.23	\$ 67.96
Single+Spouse	\$1,724.42	\$ 431.10	\$ 1,293.32	\$ 215.55	\$ 646.66
Single+Children	\$1,586.46	\$ 396.62	\$ 1,189.84	\$ 198.31	\$ 594.92
Family	\$2,375.90	\$ 593.98	\$ 1,781.92	\$ 296.99	\$ 890.96

Dental					
Single	\$53.90	\$ -	\$ 53.90	\$ -	\$ 26.95
Single+Spouse	\$118.54	\$ -	\$ 118.54	\$ -	\$ 59.27
Single+Children	\$111.56	\$ -	\$ 111.56	\$ -	\$ 55.78
Family	\$161.68	\$ -	\$ 161.68	\$ -	\$ 80.84

Vision					
Single	\$ 12.12	\$ -	\$ 12.12	\$ -	\$ 6.06
Single+Spouse	\$ 19.36	\$ -	\$ 19.36	\$ -	\$ 9.68
Single+Children	\$ 20.70	\$ -	\$ 20.70	\$ -	\$ 10.35
Family	\$ 33.06	\$ -	\$ 33.06	\$ -	\$ 16.53

*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.