

| Full-Time Faculty and Staff Health Plans Premium Rates | 2009 | 2009 Monthly Rates | | 2009 Biweekly Rates | |
|---|---|--------------------|------------|---------------------|------------|
| | Total Monthly Rate | Employer | Employee | Employer | Employee |
| Blue Edge CDHP | | | | | |
| Single | \$ 295.82 | \$ 236.66 | \$ 59.16 | \$ 118.33 | \$ 29.58 |
| Single+Spouse | \$ 665.59 | \$ 532.47 | \$ 133.12 | \$ 266.24 | \$ 66.56 |
| Single+Children | \$ 612.34 | \$ 489.87 | \$ 122.47 | \$ 244.94 | \$ 61.23 |
| Family | \$ 917.03 | \$ 733.62 | \$ 183.41 | \$ 366.81 | \$ 91.70 |
| HSA Fund- DePaul Contribution (Only w/ Blue Edge CDHP)* | | | | | |
| Single | \$ 41.67 | \$ 41.67 | \$ - | \$ 20.84 | \$ - |
| Single+Spouse | \$ 83.33 | \$ 83.33 | \$ - | \$ 41.67 | \$ - |
| Single+Children | \$ 83.33 | \$ 83.33 | \$ - | \$ 41.67 | \$ - |
| Family | \$ 83.33 | \$ 83.33 | \$ - | \$ 41.67 | \$ - |
| HMO Illinois | | | | | |
| Single | \$ 384.23 | \$ 307.38 | \$ 76.85 | \$ 153.69 | \$ 38.42 |
| Single+Spouse | \$ 775.52 | \$ 620.42 | \$ 155.10 | \$ 310.21 | \$ 77.55 |
| Single+Children | \$ 706.06 | \$ 564.85 | \$ 141.21 | \$ 282.42 | \$ 70.61 |
| Family | \$ 1,009.78 | \$ 807.82 | \$ 201.96 | \$ 403.91 | \$ 100.98 |
| Blue Cross Blue Shield PPO | | | | | |
| Single | \$ 444.55 | \$ 355.64 | \$ 88.91 | \$ 177.82 | \$ 44.46 |
| Single+Spouse | \$ 1,000.25 | \$ 800.20 | \$ 200.05 | \$ 400.10 | \$ 100.03 |
| Single+Children | \$ 920.23 | \$ 736.18 | \$ 184.05 | \$ 368.09 | \$ 92.02 |
| Family | \$ 1,378.12 | \$ 1,102.50 | \$ 275.62 | \$ 551.25 | \$ 137.81 |
| Blue Cross Blue Shield Traditional (closed to new members) | | | | | |
| Single | \$ 1,335.84 | \$ 1,068.67 | \$ 267.17 | \$ 534.34 | \$ 133.58 |
| Single+Spouse | \$ 3,005.65 | \$ 2,404.52 | \$ 601.13 | \$ 1,202.26 | \$ 300.57 |
| Single+Children | \$ 2,765.20 | \$ 2,212.16 | \$ 553.04 | \$ 1,106.08 | \$ 276.52 |
| Family | \$ 4,274.70 | \$ 3,419.76 | \$ 854.94 | \$ 1,709.88 | \$ 427.47 |
| Dental | | | | | |
| Single | \$ 33.63 | \$ 21.29 | \$ 12.34 | \$ 10.64 | \$ 6.17 |
| Single+Spouse | \$ 73.98 | \$ 46.83 | \$ 27.15 | \$ 23.41 | \$ 13.58 |
| Single+Children | \$ 69.61 | \$ 44.06 | \$ 25.55 | \$ 22.03 | \$ 12.77 |
| Family | \$ 100.89 | \$ 63.86 | \$ 37.03 | \$ 31.93 | \$ 18.51 |
| Vision | | | | | |
| Single | \$ 8.36 | \$ - | \$ 8.36 | \$ - | \$ 4.18 |
| Single+Spouse | \$ 13.34 | \$ - | \$ 13.34 | \$ - | \$ 6.67 |
| Single+Children | \$ 14.27 | \$ - | \$ 14.27 | \$ - | \$ 7.14 |
| Family | \$ 22.81 | \$ - | \$ 22.81 | \$ - | \$ 11.41 |
| Opt Out | | | \$ (30.00) | | \$ (15.00) |
| Supplemental Life | Rates are based on age bracket and salary | | | | |
| Accidental Death & Dismemberment | Rates are based on salary | | | | |
| Dependent Life | | | | | |
| Option I - \$10,000/\$5,000 coverage | \$ 3.65 | \$ - | \$3.65 | \$ - | \$1.83 |
| Option II - \$20,000/\$10,000 coverage | \$ 7.30 | \$ - | \$7.30 | \$ - | \$3.65 |

*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 \$1000 (Family) per year to cover medical expenses.

| COBRA Rates | 2009 | | 2009 Rates | |
|-------------|--------------------------|--|------------|-----------------|
| | Total Monthly Rate | | Employer | COBRA Member |

| Blue Edge CDHP | | | | |
|-----------------------|-----------|--|------|-----------|
| Single | \$ 295.82 | | \$ - | \$ 301.74 |
| Single+Spouse | \$ 665.59 | | \$ - | \$ 678.90 |
| Single+Children | \$ 612.34 | | \$ - | \$ 624.59 |
| Family | \$ 917.03 | | \$ - | \$ 935.37 |

| HMO Illinois | | | | |
|---------------------|-------------|--|------|-------------|
| Single | \$ 384.23 | | \$ - | \$ 391.91 |
| Single+Spouse | \$ 775.52 | | \$ - | \$ 791.03 |
| Single+Children | \$ 706.06 | | \$ - | \$ 720.18 |
| Family | \$ 1,009.78 | | \$ - | \$ 1,029.98 |

| Blue Cross Blue Shield PPO | | | | |
|-----------------------------------|-------------|--|------|-------------|
| Single | \$ 444.55 | | \$ - | \$ 453.44 |
| Single+Spouse | \$ 1,000.25 | | \$ - | \$ 1,020.26 |
| Single+Children | \$ 920.23 | | \$ - | \$ 938.63 |
| Family | \$ 1,378.12 | | \$ - | \$ 1,405.68 |

| Blue Cross Blue Shield Traditional (closed to new members) | | | | |
|---|-------------|--|------|-------------|
| Single | \$ 1,335.84 | | \$ - | \$ 1,362.56 |
| Single+Spouse | \$ 3,005.65 | | \$ - | \$ 3,065.76 |
| Single+Children | \$ 2,765.20 | | \$ - | \$ 2,820.50 |
| Family | \$ 4,274.70 | | \$ - | \$ 4,360.19 |

| Dental | | | | |
|-----------------|-----------|--|------|-----------|
| Single | \$ 33.63 | | \$ - | \$ 34.30 |
| Single+Spouse | \$ 73.98 | | \$ - | \$ 75.46 |
| Single+Children | \$ 69.61 | | \$ - | \$ 71.00 |
| Family | \$ 100.89 | | \$ - | \$ 102.91 |

| Vision | | | | |
|-----------------|----------|--|------|----------|
| Single | \$ 8.36 | | \$ - | \$ 8.53 |
| Single+Spouse | \$ 13.34 | | \$ - | \$ 13.61 |
| Single+Children | \$ 14.27 | | \$ - | \$ 14.56 |
| Family | \$ 22.81 | | \$ - | \$ 23.27 |