



AURORA UNIVERSITY

MEDICAL AND DENTAL PREMIUM COSTS

CALENDAR YEAR 2009

PLAN	FULL MONTHLY PREMIUM COST	EMPLOYER MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY COST	EMPLOYEE PER PAY PERIOD COST	Employee Percent of Premium
<b>Blue Advantage HMO</b>					
Employee	\$368.93	\$285.72	\$83.21	\$41.61	22.56%
Employee + 1	\$753.97	\$432.24	\$321.73	\$160.86	42.67%
Family	\$1,036.35	\$531.59	\$504.76	\$252.38	48.71%
<b>HMO Illinois</b>					
Employee	\$405.66	\$285.72	\$119.94	\$59.97	29.57%
Employee + 1	\$828.52	\$432.24	\$396.28	\$198.14	47.83%
Family	\$1,138.84	\$531.59	\$607.25	\$303.62	53.32%
<b>BlueEdge PPO (High Deductible Plan)</b>					
Employee	\$653.84	\$545.82	\$108.02	\$54.01	16.52%
Employee + 1	\$1,077.34	\$682.64	\$394.70	\$197.35	36.64%
Family	\$1,661.23	\$1,019.20	\$642.03	\$321.01	38.65%
<b>BC/BS PPO ("Traditional" PPO)</b>					
Employee	\$705.10	\$285.72	\$419.38	\$209.69	59.48%
Employee + 1	\$1,163.33	\$432.24	\$731.09	\$365.54	62.84%
Family	\$1,795.12	\$531.59	\$1,263.53	\$631.76	70.39%

<b>Guardian/ DentalGuard Provider Option</b>					
<b>Current Plan</b>					
Employee	\$26.00		\$26.00	\$13.00	
Employee + 1	\$51.68		\$51.68	\$25.84	
Family	\$78.58		\$78.58	\$39.29	
( No orthodontia coverage)					
<b>Guardian/Dental Network Access Plan</b>					
<b>Upgrade Out-of-Network</b>					
Employee	\$38.42		\$38.42	\$19.21	
Employee +1	\$76.34		\$76.34	\$38.17	
Family	\$116.10		\$116.10	\$58.05	
( No orthodontia coverage)					

<b>Guardian Vision Service Plan (VSP)</b>					
<b>Vision Care</b>					
Employee	\$6.76		\$6.76	\$3.38	
Employee plus Spouse	\$13.55		\$13.55	\$6.78	
Employee plus 1 child	\$13.55		\$13.55	\$6.78	
Family	\$18.12		\$18.12	\$9.06	

Please see separate sheets for costs of:  
 Long Term Disability employee-paid (non-taxed benefits)  
 Supplemental Insurance for Spouse, Domestic Partner or Children  
 Voluntary Life Insurance