



AURORA UNIVERSITY

MEDICAL AND DENTAL PREMIUM COSTS

CALENDAR YEAR 2010

PLAN		FULL MONTHLY PREMIUM COST	EMPLOYER MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY COST	EMPLOYEE PER PAY PERIOD COST
Blue Advantage HMO					
	Employee	\$418.37	\$310.44	\$107.93	\$53.97
	Employee + 1	\$855.00	\$482.76	\$372.24	\$186.12
	Family	\$1,175.22	\$601.03	\$574.19	\$287.10
HMO Illinois					
	Employee	\$460.02	\$310.44	\$149.58	\$74.79
	Employee + 1	\$939.54	\$482.76	\$456.78	\$228.39
	Family	\$1,291.44	\$601.03	\$690.41	\$345.21
Blue Edge (High Deductible - Illinois)					
	Employee	\$741.45	\$451.16	\$290.29	\$145.15
	Employee + 1	\$1,221.70	\$623.83	\$597.87	\$298.94
	Family	\$1,883.83	\$897.22	\$986.61	\$493.31
Blue Edge (High Deductible - Wisconsin)					
	Employee	\$741.45	\$591.87	\$149.58	\$74.79
	Employee + 1	\$1,221.70	\$764.91	\$456.79	\$228.40
	Family	\$1,883.83	\$1,193.41	\$690.42	\$345.21

Principal Dental PPO (Orthodontia coverage not available under our plan options)					
Split Value (Option 2)					
	Employee	\$26.53		\$26.53	\$13.27
	Employee + 1	\$48.83		\$48.83	\$24.42
	Family	\$78.85		\$78.85	\$39.43
Principal Dental PPO Network Access (Option 1)					
	Employee	\$38.60		\$38.60	\$19.30
	Employee +1	\$72.57		\$72.57	\$36.29
	Family	\$114.96		\$114.96	\$57.48

Superior Vision Care					
	Employee	\$6.98		\$6.98	\$3.49
	Employee plus 1	\$13.60		\$13.60	\$6.80
	Family	\$19.96		\$19.96	\$9.98

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