

University of Scranton

2009 Full-time Faculty Health Insurance Cost Sheet

Includes Medical/Rx/Dental/Vision

BlueCare HMO Plus Group#69618						
Level of Coverage	Total Cost		University Portion		Employee Share	
	2008	2009	2008	2009	2008	2009
Individual	\$378.91	\$408.79	\$378.91	\$408.79	\$0.00	\$0.00
Husband & Wife	\$915.67	\$984.79	\$732.54	\$787.83	\$183.13	\$196.96
Parent + 1 Child	\$680.87	\$728.86	\$544.70	\$583.09	\$136.17	\$145.77
Parent + 2 or more Children	\$849.89	\$913.09	\$679.91	\$730.47	\$169.98	\$182.62
Family	\$1,044.06	\$1,124.74	\$835.25	\$899.79	\$208.81	\$224.95

BlueCare PPO Group#52657						
Level of Coverage	Total Cost		University Portion		Employee Share	
	2008	2009	2008	2009	2008	2009
Individual	\$515.54	\$543.39	\$515.54	\$543.39	\$0.00	\$0.00
Husband & Wife	\$1,233.64	\$1,297.93	\$994.27	\$1,046.42	\$239.37	\$251.51
Parent + 1 Child	\$898.46	\$942.64	\$770.82	\$809.56	\$127.64	\$133.08
Parent + 2 or more Children	\$1,141.83	\$1,200.62	\$933.06	\$981.54	\$208.77	\$219.08
Family	\$1,418.30	\$1,493.67	\$1,117.37	\$1,176.91	\$300.93	\$316.76

BlueCare Traditional Group#33245						
Level of Coverage	Total Cost		University Portion		Employee Share	
	2008	2009	2008	2009	2008	2009
Individual	\$656.06	\$692.34	\$656.06	\$692.34	\$0.00	\$0.00
Husband & Wife	\$1,543.32	\$1,626.19	\$1,247.57	\$1,314.91	\$295.75	\$311.28
Parent + 1 Child	\$1,162.48	\$1,222.50	\$993.68	\$1,045.78	\$168.80	\$176.72
Parent + 2 or more Children	\$1,254.40	\$1,319.94	\$1,054.96	\$1,110.74	\$199.44	\$209.20
Family	\$1,635.28	\$1,723.67	\$1,308.87	\$1,379.89	\$326.41	\$343.78

All costs shown are monthly amounts. Your actual monthly deductions may vary slightly due to rounding.

Important Reminders:

1. A non-student, dependent child who will be 19 years of age prior to January 1st, loses coverage under the plan. Arrangements for other coverage (e.g. continuing individual group coverage under COBRA or non-group coverage by BC or other carrier) should be made. Coverage will end prior to normal cut-off date if a child marries or obtains substantial employment. However, a dependent child who becomes and remains a full-time student will be covered until the earlier of (1) the end of the year in which the 23rd birthday occurs or, (2) until the end of the month in which he or she ceases to be a full-time student. COBRA continuation options may apply.
2. All coverage changes (e.g. changing level of coverage, adding or deleting dependents) must reach the Human Resources office by the 10th of the month preceding the effective date of change. Changes are always effective on the first of the following month.
3. All plan election changes (e.g. PPO to POS, etc.) may be made each year between November 1st - 30th for a January 1 effective date.