

Faculty
Health Insurance Rates Effective July 1, 2014

| MESSA Choices Rates include estimated taxes and fees of 2% | Monthly Rate | Projected Annual Cost | Public Act 152 Cap Amount | Employee Annual Cost | Employee Monthly Cost | Deducted twice per Month |
|--|---------------------|------------------------------|----------------------------------|-----------------------------|------------------------------|---------------------------------|
| Single | \$716.90 | \$8,602.80 | \$5,857.58 | \$2,745.22 | \$228.77 | \$114.38 |
| Double | \$1,611.11 | \$19,333.32 | \$12,250.00 | \$7,083.32 | \$590.28 | \$295.14 |
| Family | \$2,004.57 | \$24,054.84 | \$15,975.23 | \$8,079.61 | \$673.30 | \$336.65 |

| MESSA ABC-H.S.A Rates include estimated taxes and fees of 2% | Monthly Rate | Projected Annual Cost | Public Act 152 Cap Amount | Employee Annual Cost | Employee Monthly Cost | Deducted twice per Month |
|--|---------------------|------------------------------|----------------------------------|-----------------------------|------------------------------|---------------------------------|
| Single | \$513.00 | \$6,156.00 | \$5,857.58 | \$298.42 | \$24.87 | \$12.43 |
| Double | \$1,152.36 | \$13,828.32 | \$12,250.00 | \$1,578.32 | \$131.53 | \$65.76 |
| Family | \$1,433.67 | \$17,204.04 | \$15,975.23 | \$1,228.81 | \$102.40 | \$51.20 |

| Priority Health Rates include estimated taxes and fees of 3% (Grandfathered EE Only) | Monthly Rate | Projected Annual Cost | Public Act 152 Cap Amount | Employee Annual Cost | Employee Monthly Cost | Deducted twice per Month |
|--|---------------------|------------------------------|----------------------------------|-----------------------------|------------------------------|---------------------------------|
| Single | \$727.41 | \$8,728.92 | \$5,857.58 | \$2,871.34 | \$239.28 | \$119.64 |
| Double | \$1,651.29 | \$19,815.48 | \$12,250.00 | \$7,565.48 | \$630.46 | \$315.23 |
| Family | \$1,745.85 | \$20,950.20 | \$15,975.23 | \$4,974.97 | \$414.58 | \$207.29 |

| Priority Health 100% Plan \$100/\$200 Ded \$10/\$25/\$75 OV-\$10/\$40 Rx Rates include estimated taxes and fees of 3% (Grandfathered EE Only) | Monthly Rate | Projected Annual Cost | Public Act 152 Cap Amount | Employee Annual Cost | Employee Monthly Cost | Deducted twice per Month |
|---|---------------------|------------------------------|----------------------------------|-----------------------------|------------------------------|---------------------------------|
| Single | \$672.00 | \$8,064.00 | \$5,857.58 | \$2,206.42 | \$183.87 | \$91.93 |
| Double | \$1,525.51 | \$18,306.12 | \$12,250.00 | \$6,056.12 | \$504.68 | \$252.34 |
| Family | \$1,612.88 | \$19,354.56 | \$15,975.23 | \$3,379.33 | \$281.61 | \$140.81 |

| Priority Health-H.S.A 100% after \$1,250/\$2,500 Ded - \$10/\$40 Rx Rates include estimated taxes and fees of 3% (Grandfathered EE Only) | Monthly Rate | Projected Annual Cost | Public Act 152 Cap Amount | Employee Annual Cost | Employee Monthly Cost | Deducted twice per Month |
|--|---------------------|------------------------------|----------------------------------|-----------------------------|------------------------------|---------------------------------|
| Single | \$543.64 | \$6,523.68 | \$5,857.58 | \$666.10 | \$55.51 | \$27.75 |
| Double | \$1,234.13 | \$14,809.56 | \$12,250.00 | \$2,559.56 | \$213.30 | \$106.65 |
| Family | \$1,304.80 | \$15,657.60 | \$15,975.23 | \$0.00 | \$0.00 | \$0.00 |

Rates change July, 2015. Monthly cost and deduction amounts will be adjusted based on new rates.