

2008 Monthly Rate Sheet for Full-Time Faculty and Staff

Health Insurance			
Level	BC/BS Option I	BC/BS Loyola Preferred	HMO Illinois
Single	\$95.00	\$72.00	\$80.00
Single + Spouse	\$310.00	\$239.00	\$239.00
Single + Child(ren)	\$266.00	\$205.00	\$242.00
Family	\$378.00	\$292.00	\$346.00
Single + LDA	\$310.00	\$239.00	\$239.00
Single + LDA + Child(ren)	\$378.00	\$292.00	\$346.00

Dental Insurance		
Level	Delta Dental	DHMO
Single	\$12.50	\$6.00
Single + Spouse	\$26.00	\$11.50
Single + Child(ren)	\$30.00	\$14.00
Family	\$42.50	\$19.00
Single + LDA	\$26.00	\$11.50
Single + LDA Child(ren)	\$42.50	\$19.00

Life Insurance			
Supplemental Life		Dependent Life	
Age	Rate per \$1,000	Coverage	Rate
		Spouse:	
< 30	\$0.06	\$5,000	\$2.37
30-34	\$0.08	\$10,000	\$5.04
35-39	\$0.10	\$15,000	\$7.92
40-44	\$0.13	\$20,000	\$10.44
45-49	\$0.20	\$25,000	\$12.61
50-54	\$0.35	\$30,000	\$14.68
55-59	\$0.62	\$35,000	\$16.48
60-64	\$0.88	\$40,000	\$18.20
65-69	\$1.39	\$45,000	\$19.60
70-74	\$2.06	\$50,000	\$20.41
75-79	\$2.06	\$60,000	\$24.08
80<	\$3.43	\$70,000	\$28.41
		\$80,000	\$33.53
		\$90,000	\$39.57
		\$100,000	\$46.70
		Children:	
		\$5,000	\$0.37

Vision Service Plan, or Always Vision	Rate
Employee	\$8.34
Single + Spouse	\$13.24
Single + Child(ren)	\$13.52
Family	\$21.80
Single + LDA	\$13.24
Single + LDA + Child(ren)	\$21.80

Hyatt Legal Plan
\$15.00

Personal Accident (AD&D) Rate per \$1,000	
Employee	0.030
EE + Family	0.045

2008 Monthly Rate Sheet for Part-Time Staff

Health Insurance			
Level	BC/BS Option I	BC/BS Loyola Preferred	HMO Illinois
Single	\$370.00	\$280.00	\$346.00
Single + Spouse	\$870.00	\$659.00	\$682.00
Single + Child(ren)	\$762.00	\$577.00	\$729.00
Family	\$1,099.00	\$833.00	\$1,067.00
Single + LDA	\$870.00	\$659.00	\$682.00
Single + LDA + Child(ren)	\$1,099.00	\$833.00	\$1,067.00

Dental Insurance		
Level	Delta Dental	DHMO
Single	\$30.00	\$15.00
Single + Spouse	\$58.00	\$28.00
Single + Child(ren)	\$65.00	\$32.00
Family	\$92.00	\$46.00
Single + LDA	\$58.00	\$28.00
Single + LDA + Child(ren)	\$92.00	\$46.00

Life Insurance			
Supplemental Life		Dependent Life	
Age	Rate per \$1,000	Coverage	Rate
Spouse:			
< 30	\$0.06	\$5,000	\$2.37
30-34	\$0.08	\$10,000	\$5.04
35-39	\$0.10	\$15,000	\$7.92
40-44	\$0.13	\$20,000	\$10.44
45-49	\$0.20	\$25,000	\$12.61
50-54	\$0.35	\$30,000	\$14.68
55-59	\$0.62	\$35,000	\$16.48
60-64	\$0.88	\$40,000	\$18.20
65-69	\$1.39	\$45,000	\$19.60
70-74	\$2.06	\$50,000	\$20.41
75-79	\$2.06	\$60,000	\$24.08
80<	\$3.43	\$70,000	\$28.41
		\$80,000	\$33.53
		\$90,000	\$39.57
		\$100,000	\$46.70
Children:			
		\$5,000	\$0.37

Vision Service Plan, or Always Vision Plan	Rate
Single	\$8.34
Single + Spouse	\$13.24
Single + Child(ren)	\$13.52
Family	\$21.80
Single + LDA	\$13.24
Single + LDA + Child(ren)	\$21.80

Hyatt Legal Plan
\$15.00

Personal Accident (AD&D) Rate per \$1,000	
Employee	0.030
EE + Family	0.045