

Dining Services USAWRI Bargaining Unit Medical Insurance Rates

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University Human Resources
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		BCBS Core	e Plan	
Monthly	Contributions for Full	Time Staff * (1300 + hrs pe	r year)	Employee + Spouse +
	Employee Only	Employee + Child(ren)	Employee + Spouse	Child(ren)
	\$80.53	\$157.00	\$184.08	\$221.75
Monthly	Contributions for Part	Time Staff * (975 - 1299 hrs	s per year)	
	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Spouse + Child(ren)
	\$447.37	\$872.21	\$1,022.67	\$1,231.92
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Monthly		Time Staff * (less than 975		
Monthly				Employee + Spouse + Child(ren)
Monthly	Contributions for Half	Time Staff * (less than 975	hrs per year)	Employee + Spouse +
	Contributions for Half Employee Only	Time Staff * (less than 975 Employee + Child(ren) \$1,744.43	hrs per year) Employee + Spouse	Employee + Spouse + Child(ren)
	Contributions for Half Employee Only \$894.74	Time Staff * (less than 975 Employee + Child(ren) \$1,744.43	hrs per year) Employee + Spouse	Employee + Spouse + Child(ren)

Ionthly Contributions for Full Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Spouse + Child(ron)
\$84.44	\$164.63	\$193.03	\$232.52
lonthly Contributions for Part	Time Staff * (975 - 1299 hr	s ner vear)	
Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Spouse +
\$469.11	\$914.59	\$1,072.36	\$1,291.77
onthly Contributions for Half	Time Staff * (less than 975	hrs per vear)	
Employee Only	Employee + Child(ren)	Employee + Spouse	⊏IIIpioyee + Spouse + Child(ron)
\$938.22	\$1,829.19	\$2,144.73	\$2,583.55
onthly Contributions for COB	RA Coverage		
Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Spouse +
	\$1,865.77	\$2,187.62	\$2,635.22

	Employee Only	Employee + 1	Employee + 2 or More
Comprehensive Plan	\$18.29	\$48.15	\$84.77
Plus Plan	\$27.58	\$72.74	\$122.87
onthly Contributions for Part 1	Γime Staff * (975 - 1299 hr	s per year)	
	Employee Only	Employee + 1	Employee + 2 or More
Comprehensive Plan	\$27.44	\$57.30	\$93.92
Plus Plan	\$36.73	\$81.89	\$132.02
	Ψ00.70	Ψ01.09	\$132.02
onthly Contributions for Half 1		·	\$132.02
onthly Contributions for Half T		·	Employee + 2 or More
onthly Contributions for Half T	ime Staff * (less than 975	hrs per year)	
	Fime Staff * (less than 975	hrs per year) Employee + 1	Employee + 2 or More
Comprehensive Plan Plus Plan	Fime Staff * (less than 975 Employee Only \$36.59 \$45.88	hrs per year) Employee + 1 \$66.45	Employee + 2 or More \$103.07
Comprehensive Plan Plus Plan	Fime Staff * (less than 975 Employee Only \$36.59 \$45.88	hrs per year) Employee + 1 \$66.45	Employee + 2 or More \$103.07
	Fime Staff * (less than 975 Employee Only \$36.59 \$45.88 RA Coverage	hrs per year) Employee + 1 \$66.45 \$91.04	Employee + 2 or More \$103.07 \$141.17

	VSP Vision Insurance	
onthly Contributions for all Staff*		
Employee Only	Employee + 1	Employee +2 or More
\$7.38	\$14.81	\$23.81
nthly Contributions for coverage und Employee Only	der COBRA Employee + 1	Employee +2 or More