

Group Insurance Premiums – FY2008

HEALTH INSURANCE PREMIUMS

Employees pay a monthly premium for their health insurance coverage under the *Quality Care Health Plan and all Managed Care plans*. The contribution is based on the employee's annual salary as of each April 1st and does not apply to retirees, annuitants, or survivors.

Employee Annual Salary	\$29,500 & Below	\$29,501-\$44,600	\$44,601-\$59,300	\$59,301-\$74,300	\$74,301 & Above
Monthly Employee Contribution for Managed Care/OAP	\$35.00	\$40.00	\$42.50	\$45.00	\$47.50
Monthly Employee Contribution for Quality Care	\$60.00	\$65.00	\$67.50	\$70.00	\$72.50

In addition to the employee's premium, **there is an additional premium for dependent coverage as shown below.**

CARRIER*	Member Coverage	One Dependent	Two Or More Dependents
Quality Care Health Plan (D3)	See Chart Above	\$184.00	\$214.00
Health Alliance HMO (AH)	See Chart Above	\$82.00	\$121.00
OSF Health Plan (CA)	See Chart Above	\$80.00	\$118.00
HealthLink Open Access (CF)	See Chart Above	\$93.00	\$137.00

Premiums for Managed Care Plans outside McLean County are available in the Benefit Choice Booklet.

DENTAL INSURANCE PREMIUMS*

DENTAL PLAN	Member Only	Member & One Dependent	Member & Two+ Dependents
Quality Care Dental (D6)	\$10.00	\$15.00	\$17.50

The other choice for the dental plan is to opt out. Cannot re-enroll until the next Benefit Choice period.

*Does not apply to Annuitants.

LIFE INSURANCE PREMIUMS

The state-paid basic level of life insurance is 100 percent of an employee's basic annual salary. New members may purchase additional insurance for 1-4 times their state provided amount without medical certification and 5-8 times with medical certification up to a maximum of \$3,000,000. Employees may supplement their life insurance by purchasing optional accidental death and dismemberment insurance up to 5 times their annual salary. The monthly premiums for these coverages are shown below as a rate per thousand dollars of coverage. Life insurance of \$10,000 is also available for your spouse (\$7.14/month) and dependent children (\$0.56/month).

AGE GROUP	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+	AD&D
MONTHLY RATES	\$.06	\$.08	\$.10	\$.10	\$.16	\$.24	\$.48	\$.72	\$1.38	\$2.52	\$3.52	\$4.20	\$5.20	\$6.50	\$.02

Health Plan Comparison – FY2008

Benefit	QCHP	HMO	OAP Tier I	OAP Tier II	OAP Tier III (Out-of- Network)
Annual Plan Deductible Must be satisfied for all services	(salary based premium) Salary Ded. • < \$59,300 \$300 • \$59,301 to \$400 \$74,300 • >\$74,301 \$450	\$0	\$0	\$200 Per Enrollee	\$300 Per Enrollee
Annual Out-of-Pocket Maximum • Per Enrollee • Per Family	General: • \$1,100 per enrollee • \$2,750 per family/plan year Non-PPO Hospital: • \$4,400 per enrollee • \$8,800 per family/plan year	\$3,000 \$6,000	Not Applicable	\$600 \$1,200	\$1,500 \$3,500
Other Deductibles/Co-payments: Emergency Room	\$400	\$200	\$200	90% of network charges for covered services after \$200 co-payment	80% of U&C* for covered services after lesser of \$200 co-payment or 50% of U&C*
Non-PPO/Out-of-Network Hospital Admission	\$200	No Coverage	Not Applicable – See Tier III for benefit level	Not Applicable – See Tier III for benefit level	\$300
Inpatient	90% - PPO 80% or 65% - Non-PPO	\$250 co-payment	\$250 co-payment	90% of network charges** after \$300 co-payment	80% of U&C* after \$400 co-payment
Outpatient Surgery	90% for PPO Network Provider	\$150 co-payment	\$150 co-payment	90% of network charges** after \$150 co-payment	80% of U&C* after \$150 co-payment
Diagnostic Lab & X-ray	90% of U&C*	100%	100%	90% of network charges** for covered services	80% of U&C* for covered services
Durable Medical Equipment	80% of U&C*	80%	100%	90% of network charges** for covered services	80% of U&C* for covered services
Physician Office Visit	90% PPO 80% of U&C* Non-PPO	\$15 co-payment	\$15 co-payment	90% of network charges** for covered services	80% of U&C* for covered services
Preventative Services	80% or 100% for specific services	\$15 co-payment	\$15 co-payment	90% of network charges** for covered services	Covered In-Network only
Home Health Care (skilled care visits)	80% of U&C*	\$20 co-payment	\$20 co-payment	90% of network charges** for covered services	Covered In-Network only
Hearing Exams and Aids (covered by all health plans)	Up to a maximum of \$100 for audiologist fees and \$500 for hearing aids – benefit available once every 3 years.				
Plan Year Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited	\$1,000,000
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited	\$1,000,000
* Unusual & Customary (U&C) is an amount determined by the health plan administrator not to exceed the general level of charges being made by providers in the locality where the charge is incurred when furnishing like or similar services, treatment, or supplies for a similar medical condition.					
** Network Charges are the amount the plan determines is the appropriate charge for a covered service.					