

UNIVERSITY OF ILLINOIS SYSTEM

State Health and Dental Rate Tables

Effective July 1, 2022

This document contains background information and examples to help State benefits-eligible employees understand and calculate the cost of health (including vision) and dental insurance. Calculation examples for full-time and part-time employees begin on page 4.

NOTES ON STATE HEALTH INSURANCE RATE INFORMATION

The State health rates apply to these types of enrollees:

1. Benefits-eligible employees active on payroll, including eligible dependents
2. Benefits-eligible employees on leave of absence, etc., including eligible dependents
3. Veteran Adult Children of benefits-eligible employees
4. Civil Union Partners (same-sex or opposite-sex partners) of benefits-eligible employees, including eligible dependents of the Civil Union Partner
5. Grandfathered same-sex domestic partners of benefits-eligible employees if enrolled prior to 6/1/2011 may continue coverage as long as they remain eligible and premiums are paid

Definitions for these dependent categories are available on the [CMS website](#). The amount an employee pays for health insurance depends upon annual salary as of the previous March 1, the plan selected, and the type of enrollee.

- For **part-time employees**, the State contribution (employer cost) is based on the percentage of time worked.
 - New and newly benefits eligible faculty members with a 100% job for less than 9 months, may also be considered part-time for insurance purposes.
- For **employees on leave**, the State contribution is based on the type of leave.
 - Employees on personal leave without pay, the State has no contribution and employee pays employee and State contribution (employer cost).
 - Employees on partial personal leave are defined as part-time employees.
 - State contributions are not affected by leave status for full- and part-time employees on the following leaves:

FMLA	Educational	University Academic Break	Medical
Sabbatical	Suspension - 30 day limit	Disability	Workers Compensation

This rate information may assist individuals in estimating the cost of COBRA benefits continuation; however, you should contact the MyBenefits Service Center at 844-251-1777 or TDD/TTY 844-251-1778 or University Payroll & Benefits for specific COBRA information. COBRA participants pay the entire premium cost (State premium plus employee premium) plus a 2% administrative fee.

Contact University Payroll & Benefits via the [UPB Service Portal](#) with any questions.

State Health Insurance

EMPLOYEE SALARY-BASED MONTHLY CONTRIBUTIONS

While the State covers a portion of the cost of employee health insurance, employees also make monthly contributions for their health care coverage. Employee contribution amounts are based on the plan selected and the employee's annual salary, i.e., the higher the employee's salary, the higher the employee's contribution will be.

Employees who enroll in an HMO, OAP, or Consumer Driven Health Plan will pay a lower monthly cost than will employees who enroll in the Quality Care Health Plan (comprehensive benefit plan with enhanced benefits when network providers are utilized).

Employee Annual Salary	Employee Monthly Cost								
	Aetna HMO	Blue Advantage HMO	Health Alliance HMO	HMO Illinois	Aetna OAP	BCBCIL OAP	HealthLink OAP	Consumer Driven Health Plan	Quality Care Health Plan
\$30,200 or Less	\$120	\$94	\$120	\$98	\$114	\$114	\$128	\$95	\$134
\$30,201 - \$45,600	\$139	\$113	\$139	\$117	\$133	\$133	\$147	\$114	\$153
\$45,601 - \$60,700	\$158	\$132	\$158	\$136	\$152	\$152	\$166	\$133	\$171
\$60,701 - \$75,900	\$176	\$150	\$176	\$154	\$170	\$170	\$184	\$151	\$190
\$75,901 - \$100,000	\$195	\$169	\$195	\$173	\$189	\$189	\$203	\$170	\$209
\$100,001 - \$125,000	\$249	\$223	\$249	\$227	\$243	\$243	\$257	\$224	\$263
\$125,001 and Over	\$282	\$256	\$282	\$260	\$276	\$276	\$290	\$257	\$296

STATE MONTHLY CONTRIBUTIONS FOR EMPLOYEE ONLY (by Health Plan and Employee Salary Range)

This is the amount the State of Illinois pays to insure a full-time employee. Part-time employees must pay a percentage of this amount. See page 5 for an explanation.

Employee Annual Salary	State Monthly Cost for Employee Only								
	Aetna HMO	Blue Advantage HMO	Health Alliance HMO	HMO Illinois	Aetna OAP	BCBSIL OAP	HealthLink OAP	Consumer Driven Health Plan	Quality Care Health Plan
\$30,200 or Less	\$834.12	\$629.80	\$856.30	\$659.42	\$898.72	\$866.14	\$1,023.82	\$662.94	\$941.80
\$30,201 - \$45,600	\$815.12	\$610.80	\$837.30	\$640.42	\$879.72	\$847.14	\$1,004.82	\$643.94	\$922.80
\$45,601 - \$60,700	\$796.12	\$591.80	\$818.30	\$621.42	\$860.72	\$828.14	\$985.82	\$624.94	\$904.80
\$60,701 - \$75,900	\$778.12	\$573.80	\$800.30	\$603.42	\$842.72	\$810.14	\$967.82	\$606.94	\$885.80
\$75,901 - \$100,000	\$759.12	\$554.80	\$781.30	\$584.42	\$823.72	\$791.14	\$948.82	\$587.94	\$866.80
\$100,001 - \$125,000	\$705.12	\$500.80	\$727.30	\$530.42	\$769.72	\$737.14	\$894.82	\$533.94	\$812.80
\$125,001 and Over	\$672.12	\$467.80	\$694.30	\$497.42	\$736.72	\$704.14	\$861.82	\$500.94	\$779.80

COBRA participants pay the “state” contribution amount in addition to the “employee” cost above, any dependent premiums, and a 2% administrative fee. See the CMS website for the [COBRA rates](#).

MONTHLY HEALTH INSURANCE COST FOR DEPENDENT COVERAGE

Part-time employees also pay a percentage of the State of Illinois contribution for coverage of dependents.

Pre-tax payroll deduction applies to the following dependents. The amount charged is the same as for any other dependent:

- IRS-Qualified Civil Union Partner, including eligible children of the Civil Union Partner
- Grandfathered IRS-Qualified Domestic Partner, if enrolled prior to 6/1/2011, may continue coverage as long as they remain eligible and premiums are paid
- IRS Veteran Adult Children

Post-tax payroll deduction applies to the following dependents:

- Non-IRS Civil Union Partner, including eligible children of the Civil Union Partner
- Grandfathered Non-IRS Domestic Partner, if enrolled prior to 6/1/2011, may continue coverage as long as they remain eligible and premiums are paid
- Non-IRS Veteran Adult Children

Special Notes

- **IRS Veteran Adult Children** - Premiums are shown in the “1 Dependent” or “2+ Dependents” categories below and are pre-tax when deducted through payroll. Part-time employees will pay a portion of the employer cost as explained on page 5.
- **Non-IRS Veteran Adult Children** - Premiums are post-tax and both full- and part-time employees pay the same amount for coverage because the State does not contribute a portion of the cost. The cost can be calculated by adding the employee’s monthly cost and the monthly State contribution. For example, the monthly cost for one Non-IRS Veteran Adult Child in the Health Alliance HMO plan would be \$195.00 + \$624.40 = \$819.40. See the CMS website for the [Non-IRS Adult Veteran Child Rates](#).
- **Grandfathered Non-IRS Domestic Partners** - The premium charged is the “1 Dependent” rate, regardless of the number of dependents on the employee’s coverage, but it is a post-tax deduction. The portion of the cost paid by the State will be added to the employee’s annual gross income that is subject to federal income tax withholding and employment taxes and will be reported on a W-2 form at the end of each calendar year. The IRS refers to this as imputed income. See the CMS website for the [Non-IRS Domestic Partner Rates](#). Part-time employees should contact the CMS Analysis and Resolution Unit at 217-558-4671 for the cost of a Non-IRS qualified domestic partner.

The amounts listed below are for Non-Medicare dependents. To obtain the cost of Medicare dependents, please contact University Payroll & Benefits via the [UPB Service Portal](#).

	Dependent Health Coverage Monthly Employee Contribution								
	Aetna HMO	Blue Advantage HMO	Health Alliance HMO	HMO Illinois	Aetna OAP	BCBSIL OAP	HealthLink OAP	Consumer Driven Health Plan	Quality Care Health Plan
1 Dependent	\$195	\$158	\$195	\$162	\$186	\$186	\$204	\$169	\$291
2+ Dependents	\$240	\$194	\$241	\$201	\$231	\$231	\$257	\$213	\$329

	Dependent Health Coverage Monthly State Contribution								
	Aetna HMO	Blue Advantage HMO	Health Alliance HMO	HMO Illinois	Aetna OAP	BCBSIL OAP	HealthLink OAP	Consumer Driven Health Plan	Quality Care Health Plan
1 Dependent	\$605.76	\$449.30	\$624.40	\$473.54	\$656.74	\$624.52	\$751.70	\$530.98	\$1,037.34
2+ Dependents	\$1,141.86	\$856.20	\$1,172.80	\$897.60	\$1,168.74	\$1,076.64	\$1,305.68	\$839.98	\$1,131.78

COBRA participants pay the “state” contribution amount in addition to the “employee” cost above, any dependent premiums, and a 2% administrative fee. See the CMS website for the [COBRA rates](#).

State Dental Insurance

MONTHLY DENTAL INSURANCE COST

See the table below for the full-time employee rate. A part-time employee pays a percentage of the State of Illinois contribution for dental insurance. The guidelines in the dependent health insurance coverage section on page 3 also apply to dental insurance coverage.

	Monthly Cost To Employee	Monthly State Contribution
Employee Only	\$14.00	\$25.16
Employee Plus One Dependent	\$23.00	\$47.76
Employee Plus Two or More Dependents	\$25.50	\$94.22
Employee Plus One IRS Civil Union Dependent	Same rate as for any other dependent	Same rate as for any other dependent
Employee Plus Two or More IRS Civil Union Dependents	Same rate as for any other dependent	Same rate as for any other dependent
Non-IRS One Veteran Adult Child	\$31.60	\$0.00
Non-IRS Civil Union One Dependent	\$31.60 (\$9 plus \$22.60 imputed income)	\$22.60
Non-IRS Civil Union Two or More Dependents	\$80.56 (\$11.50 plus \$69.06 imputed income)	\$69.06

COBRA participants pay the “state” contribution amount in addition to the “employee” cost above, any dependent premiums, and a 2% administrative fee. See the CMS website for the [COBRA rates](#).

Calculation Examples for Cost of Insurance

FULL-TIME EMPLOYEES: CALCULATING MONTHLY COST OF INSURANCE

To calculate the total monthly cost of health (including vision) and dental insurance premiums for **full-time employees**, add the monthly cost of each plan, plus any dependent coverage.

Example #1: Monthly cost of health and dental insurance for a full-time employee who has a salary of \$45,000/year and is enrolled in the Quality Care Health Plan.

Health	Employee contribution for self	\$153.00
Dental	Employee contribution for self	\$14.00
	Total Monthly Cost to Employee	\$167.00

Example #2: Monthly cost of health and dental insurance for a full-time employee who has a salary of \$45,000/year, insures two dependents, and is enrolled in HealthLink OAP Managed Care Plan.

Health	Employee contribution for self	\$147.00
	Employee contribution for 2 dependents	\$257.00
Dental	Employee contribution for self plus 2 dependents	\$25.50
	Total Monthly Cost to Employee	\$429.50

PART-TIME EMPLOYEES: CALCULATING MONTHLY COST OF INSURANCE

To calculate the monthly health (including vision) or dental insurance premiums for **part-time employees**, follow these steps:

1. Subtract the employee’s percentage of time worked from 100%
2. Multiply the result by the State contribution for the employee
3. Add that amount to the full-time employee’s salary-based monthly cost
4. The total equals the monthly premium cost for a part-time employee

To calculate the cost of dependent coverage for part-time employees, follow the above steps using the Dependent State Contribution information.

Example #1: Monthly cost of health and dental insurance for a part-time employee, who works 65% time, has a salary of \$30,000/year and is enrolled in the Quality Care Health Plan.

Health	35% of full-time State contribution - employee only	\$941.80	x 35% =	\$329.63
	Employee contribution - self	\$134.00	=	\$134.00
Dental	35% of full-time State contribution - employee only	\$25.16	x 35% =	\$8.81
	Employee contribution - self	\$14.00	=	\$14.00
Total Monthly Cost to Employee				\$486.44

Example #2: Monthly cost of health and dental insurance for a part-time employee, who works 65% time, has a salary of \$30,000/year, insures two dependents, and is enrolled in HealthLink OAP Managed Care Plan.

Health	35% of full-time State contribution - employee	\$1,023.82	x 35% =	\$358.34
	Employee contribution - self	\$128.00	=	\$128.00
	35% of full-time State contribution - 2 dependents	\$1,305.68	x 35% =	\$456.99
	Employee contribution - 2 dependents	\$257.00	=	\$257.00
Dental	35% of full-time State contrib. - employee plus 2	\$94.22	x 35% =	\$32.98
	Employee contribution for self plus 2 dependents	\$25.50	=	\$25.50
Total Monthly Cost to Employee				\$1,258.81

Example #3: Monthly cost of health and dental insurance for a faculty member, who works 100% for 4.5 months and is considered to be working part-time 50% for insurance purposes, has a salary of \$60,000/year and is enrolled in the Quality Care Health Plan.

Health	50% of full-time State contribution for employee only	\$904.80	x 50% =	\$452.40
	Employee contribution for self	\$171.00	=	\$171.00
Dental	50% of full-time State contribution for employee only	\$25.16	x 50% =	\$12.58
	Employee contribution for self	\$14.00	=	\$14.00
Total Monthly Cost to Employee				\$649.98