

Member and Dependent Monthly Contributions

The monthly dependent contribution is **in addition** to the member health plan contribution. Dependents will be enrolled in the same plan as the member. **The Medicare dependent contribution applies only if Medicare is PRIMARY for both Parts A and B.** Members with questions regarding Medicare status may contact the CMS Group Insurance Division, Medicare Coordination of Benefits (COB) Unit at (800) 442-1300 or (217) 782-7007.

Dependent Monthly Health Plan Contributions*

Health Plan Name and Code	One Dependent	Two or more Dependents	One Medicare A and B Primary Dependent	Two or more Medicare A and B Primary Dependents
HMO Illinois (Code: BY)	\$ 83	\$116	\$ 79	\$116
PersonalCare (Code: AS)	\$ 92	\$130	\$ 88	\$130
Humana Health Plan (Code: CA)	\$ 92	\$130	\$ 89	\$130
Health Alliance HMO (Code: AH)	\$ 94	\$133	\$ 89	\$133
Health Alliance Illinois (Code: BS)	\$103	\$145	\$100	\$145
HealthLink OAP (Code: CF)	\$105	\$149	\$102	\$149
Humana-Winnebago (Code: CE)	\$107	\$152	\$104	\$152
Quality Care Health Plan (Code: D3)	\$196	\$226	\$142	\$203

Member Monthly Quality Care Dental Plan (QCDP) Contributions*

Member Only	\$11.00
Member plus 1 Dependent	\$17.00
Member plus 2 or more Dependents	\$19.50

Contribution Calculation Worksheet

Member Monthly Health Contribution: \$ _____
(see chart on page 4)

Dependent Monthly Health Contribution: \$ _____
(if insuring dependents, see chart above)

Monthly Dental Contribution: \$ _____
(see chart to left)

Monthly Optional Term Life Contribution: \$ _____
(see chart on page 4)

My Total Monthly Contribution: \$ _____

Note: An interactive Premium Calculation Worksheet is available for full-time employees online at www.benefitschoice.il.gov.

* Part-time employees are required to pay a percentage of the State's portion of the contribution.