

Department of Central Management Services
Group Insurance Division

FY2009 (BCP2)
Health Rate Tables

Note: The FY2009 rates represent the rates for Benefit Choice Period 2
(January 1, 2009, through June 30, 2009).

Effective January 1, 2009 – June 30, 2009

Quality Care Health Plan - D3

Effective January 1, 2009

| State Active Member | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | | |
|--|----------------------------------|-----|----------------------|-----------------------------|---------------------|----------------------|---------------------|---------------------|
| | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | \$29,500 or Less | 1 K | \$33.00 | \$281.65 | \$314.65 | \$66.00 | \$563.30 | \$629.30 |
| | \$29,501 - \$44,600 | 2 K | \$35.50 | \$279.15 | \$314.65 | \$71.00 | \$558.30 | \$629.30 |
| | \$44,601 - \$59,300 | 3 K | \$36.75 | \$277.90 | \$314.65 | \$73.50 | \$555.80 | \$629.30 |
| | \$59,301 - \$74,300 | 4 K | \$38.00 | \$276.65 | \$314.65 | \$76.00 | \$553.30 | \$629.30 |
| | \$74,301 and Over | 5 K | \$39.25 | \$275.40 | \$314.65 | \$78.50 | \$550.80 | \$629.30 |
| Member Plus 1 Non Medicare Dependent | \$29,500 or Less | 1 L | \$128.00 | \$509.10 | \$637.10 | \$256.00 | \$1,018.20 | \$1,274.20 |
| | \$29,501 - \$44,600 | 2 L | \$130.50 | \$506.60 | \$637.10 | \$261.00 | \$1,013.20 | \$1,274.20 |
| | \$44,601 - \$59,300 | 3 L | \$131.75 | \$505.35 | \$637.10 | \$263.50 | \$1,010.70 | \$1,274.20 |
| | \$59,301 - \$74,300 | 4 L | \$133.00 | \$504.10 | \$637.10 | \$266.00 | \$1,008.20 | \$1,274.20 |
| | \$74,301 and Over | 5 L | \$134.25 | \$502.85 | \$637.10 | \$268.50 | \$1,005.70 | \$1,274.20 |
| Member Plus 2 or More Dependents | \$29,500 or Less | 1 M | \$143.00 | \$607.88 | \$750.88 | \$286.00 | \$1,215.76 | \$1,501.76 |
| | \$29,501 - \$44,600 | 2 M | \$145.50 | \$605.38 | \$750.88 | \$291.00 | \$1,210.76 | \$1,501.76 |
| | \$44,601 - \$59,300 | 3 M | \$146.75 | \$604.13 | \$750.88 | \$293.50 | \$1,208.26 | \$1,501.76 |
| | \$59,301 - \$74,300 | 4 M | \$148.00 | \$602.88 | \$750.88 | \$296.00 | \$1,205.76 | \$1,501.76 |
| | \$74,301 and Over | 5 M | \$149.25 | \$601.63 | \$750.88 | \$298.50 | \$1,203.26 | \$1,501.76 |
| Member Plus 1 Medicare Primary Dependent | \$29,500 or Less | 1 N | \$101.00 | \$393.07 | \$494.07 | \$202.00 | \$786.14 | \$988.14 |
| | \$29,501 - \$44,600 | 2 N | \$103.50 | \$390.57 | \$494.07 | \$207.00 | \$781.14 | \$988.14 |
| | \$44,601 - \$59,300 | 3 N | \$104.75 | \$389.32 | \$494.07 | \$209.50 | \$778.64 | \$988.14 |
| | \$59,301 - \$74,300 | 4 N | \$106.00 | \$388.07 | \$494.07 | \$212.00 | \$776.14 | \$988.14 |
| | \$74,301 and Over | 5 N | \$107.25 | \$386.82 | \$494.07 | \$214.50 | \$773.64 | \$988.14 |
| Member Plus 2 or More Medicare Primary Dependents | \$29,500 or Less | 1 O | \$131.50 | \$619.38 | \$750.88 | \$263.00 | \$1,238.76 | \$1,501.76 |
| | \$29,501 - \$44,600 | 2 O | \$134.00 | \$616.88 | \$750.88 | \$268.00 | \$1,233.76 | \$1,501.76 |
| | \$44,601 - \$59,300 | 3 O | \$135.25 | \$615.63 | \$750.88 | \$270.50 | \$1,231.26 | \$1,501.76 |
| | \$59,301 - \$74,300 | 4 O | \$136.50 | \$614.38 | \$750.88 | \$273.00 | \$1,228.76 | \$1,501.76 |
| | \$74,301 and Over | 5 O | \$137.75 | \$613.13 | \$750.88 | \$275.50 | \$1,226.26 | \$1,501.76 |

Fiscal Year 2009
Quality Care Health Plan - D3
 Effective January 1, 2009

| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | <u>Monthly Rates</u> |
|--|----------------------------------|----------------------|-----------------------------|
| | | <u>MEMBER</u> | <u>MEMBER</u> |
| Member Only | 6 A | \$0.00 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$95.00 | \$190.00 |
| Member Plus 2 or More Dependents | 6 C | \$110.00 | \$220.00 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$68.00 | \$136.00 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$98.50 | \$197.00 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | <u>Monthly Rates</u> |
| | | <u>MEMBER</u> | <u>MEMBER</u> |
| Member Only | 6 F | \$0.00 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$95.00 | \$190.00 |
| Member Plus 2 or More Dependents | 6 H | \$110.00 | \$220.00 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$68.00 | \$136.00 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$98.50 | \$197.00 |

Ending Section for : **Quality Care Health Plan**

Quality Care W/No Access - D1

Effective January 1, 2009

| State Active Member | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | | |
|--|----------------------------------|-----|----------------------|-----------------------------|---------------------|----------------------|---------------------|---------------------|
| | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | \$29,500 or Less | 1 K | \$20.50 | \$207.89 | \$228.39 | \$41.00 | \$415.78 | \$456.78 |
| | \$29,501 - \$44,600 | 2 K | \$23.00 | \$205.39 | \$228.39 | \$46.00 | \$410.78 | \$456.78 |
| | \$44,601 - \$59,300 | 3 K | \$24.25 | \$204.14 | \$228.39 | \$48.50 | \$408.28 | \$456.78 |
| | \$59,301 - \$74,300 | 4 K | \$25.50 | \$202.89 | \$228.39 | \$51.00 | \$405.78 | \$456.78 |
| | \$74,301 and Over | 5 K | \$26.75 | \$201.64 | \$228.39 | \$53.50 | \$403.28 | \$456.78 |
| Member Plus 1 Non Medicare Dependent | \$29,500 or Less | 1 L | \$62.56 | \$370.82 | \$433.38 | \$125.12 | \$741.64 | \$866.76 |
| | \$29,501 - \$44,600 | 2 L | \$65.06 | \$368.32 | \$433.38 | \$130.12 | \$736.64 | \$866.76 |
| | \$44,601 - \$59,300 | 3 L | \$66.31 | \$367.07 | \$433.38 | \$132.62 | \$734.14 | \$866.76 |
| | \$59,301 - \$74,300 | 4 L | \$67.56 | \$365.82 | \$433.38 | \$135.12 | \$731.64 | \$866.76 |
| | \$74,301 and Over | 5 L | \$68.81 | \$364.57 | \$433.38 | \$137.62 | \$729.14 | \$866.76 |
| Member Plus 2 or More Dependents | \$29,500 or Less | 1 M | \$81.66 | \$499.93 | \$581.59 | \$163.32 | \$999.86 | \$1,163.18 |
| | \$29,501 - \$44,600 | 2 M | \$84.16 | \$497.43 | \$581.59 | \$168.32 | \$994.86 | \$1,163.18 |
| | \$44,601 - \$59,300 | 3 M | \$85.41 | \$496.18 | \$581.59 | \$170.82 | \$992.36 | \$1,163.18 |
| | \$59,301 - \$74,300 | 4 M | \$86.66 | \$494.93 | \$581.59 | \$173.32 | \$989.86 | \$1,163.18 |
| | \$74,301 and Over | 5 M | \$87.91 | \$493.68 | \$581.59 | \$175.82 | \$987.36 | \$1,163.18 |
| Member Plus 1 Medicare Primary Dependent | \$29,500 or Less | 1 N | \$60.48 | \$327.39 | \$387.87 | \$120.96 | \$654.78 | \$775.74 |
| | \$29,501 - \$44,600 | 2 N | \$62.98 | \$324.89 | \$387.87 | \$125.96 | \$649.78 | \$775.74 |
| | \$44,601 - \$59,300 | 3 N | \$64.23 | \$323.64 | \$387.87 | \$128.46 | \$647.28 | \$775.74 |
| | \$59,301 - \$74,300 | 4 N | \$65.48 | \$322.39 | \$387.87 | \$130.96 | \$644.78 | \$775.74 |
| | \$74,301 and Over | 5 N | \$66.73 | \$321.14 | \$387.87 | \$133.46 | \$642.28 | \$775.74 |
| Member Plus 2 or More Medicare Primary Dependents | \$29,500 or Less | 1 O | \$81.66 | \$499.93 | \$581.59 | \$163.32 | \$999.86 | \$1,163.18 |
| | \$29,501 - \$44,600 | 2 O | \$84.16 | \$497.43 | \$581.59 | \$168.32 | \$994.86 | \$1,163.18 |
| | \$44,601 - \$59,300 | 3 O | \$85.41 | \$496.18 | \$581.59 | \$170.82 | \$992.36 | \$1,163.18 |
| | \$59,301 - \$74,300 | 4 O | \$86.66 | \$494.93 | \$581.59 | \$173.32 | \$989.86 | \$1,163.18 |
| | \$74,301 and Over | 5 O | \$87.91 | \$493.68 | \$581.59 | \$175.82 | \$987.36 | \$1,163.18 |

Ending Section for : Quality Care W/No Access

Fiscal Year 2009
Health Alliance HMO - AH
 Effective January 1, 2009

Date 11/14/2008 8:29:11 AM

| <i>State Active Member</i> | | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
|--|---------------------|-----|---------------------------|--------------|--------------|----------------------|--------------|--------------|
| | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | \$29,500 or Less | 1 K | \$20.50 | \$216.39 | \$236.89 | \$41.00 | \$432.78 | \$473.78 |
| | \$29,501 - \$44,600 | 2 K | \$23.00 | \$213.89 | \$236.89 | \$46.00 | \$427.78 | \$473.78 |
| | \$44,601 - \$59,300 | 3 K | \$24.25 | \$212.64 | \$236.89 | \$48.50 | \$425.28 | \$473.78 |
| | \$59,301 - \$74,300 | 4 K | \$25.50 | \$211.39 | \$236.89 | \$51.00 | \$422.78 | \$473.78 |
| | \$74,301 and Over | 5 K | \$26.75 | \$210.14 | \$236.89 | \$53.50 | \$420.28 | \$473.78 |
| Member Plus 1 Non Medicare Dependent | \$29,500 or Less | 1 L | \$64.50 | \$383.44 | \$447.94 | \$129.00 | \$766.88 | \$895.88 |
| | \$29,501 - \$44,600 | 2 L | \$67.00 | \$380.94 | \$447.94 | \$134.00 | \$761.88 | \$895.88 |
| | \$44,601 - \$59,300 | 3 L | \$68.25 | \$379.69 | \$447.94 | \$136.50 | \$759.38 | \$895.88 |
| | \$59,301 - \$74,300 | 4 L | \$69.50 | \$378.44 | \$447.94 | \$139.00 | \$756.88 | \$895.88 |
| | \$74,301 and Over | 5 L | \$70.75 | \$377.19 | \$447.94 | \$141.50 | \$754.38 | \$895.88 |
| Member Plus 2 or More Dependents | \$29,500 or Less | 1 M | \$84.00 | \$515.81 | \$599.81 | \$168.00 | \$1,031.62 | \$1,199.62 |
| | \$29,501 - \$44,600 | 2 M | \$86.50 | \$513.31 | \$599.81 | \$173.00 | \$1,026.62 | \$1,199.62 |
| | \$44,601 - \$59,300 | 3 M | \$87.75 | \$512.06 | \$599.81 | \$175.50 | \$1,024.12 | \$1,199.62 |
| | \$59,301 - \$74,300 | 4 M | \$89.00 | \$510.81 | \$599.81 | \$178.00 | \$1,021.62 | \$1,199.62 |
| | \$74,301 and Over | 5 M | \$90.25 | \$509.56 | \$599.81 | \$180.50 | \$1,019.12 | \$1,199.62 |
| Member Plus 1 Medicare Primary Dependent | \$29,500 or Less | 1 N | \$62.00 | \$338.43 | \$400.43 | \$124.00 | \$676.86 | \$800.86 |
| | \$29,501 - \$44,600 | 2 N | \$64.50 | \$335.93 | \$400.43 | \$129.00 | \$671.86 | \$800.86 |
| | \$44,601 - \$59,300 | 3 N | \$65.75 | \$334.68 | \$400.43 | \$131.50 | \$669.36 | \$800.86 |
| | \$59,301 - \$74,300 | 4 N | \$67.00 | \$333.43 | \$400.43 | \$134.00 | \$666.86 | \$800.86 |
| | \$74,301 and Over | 5 N | \$68.25 | \$332.18 | \$400.43 | \$136.50 | \$664.36 | \$800.86 |
| Member Plus 2 or More Medicare Primary Dependents | \$29,500 or Less | 1 O | \$84.00 | \$515.81 | \$599.81 | \$168.00 | \$1,031.62 | \$1,199.62 |
| | \$29,501 - \$44,600 | 2 O | \$86.50 | \$513.31 | \$599.81 | \$173.00 | \$1,026.62 | \$1,199.62 |
| | \$44,601 - \$59,300 | 3 O | \$87.75 | \$512.06 | \$599.81 | \$175.50 | \$1,024.12 | \$1,199.62 |
| | \$59,301 - \$74,300 | 4 O | \$89.00 | \$510.81 | \$599.81 | \$178.00 | \$1,021.62 | \$1,199.62 |
| | \$74,301 and Over | 5 O | \$90.25 | \$509.56 | \$599.81 | \$180.50 | \$1,019.12 | \$1,199.62 |

Fiscal Year 2009

Date 11/14/2008 8:29:13 AM

Health Alliance HMO - AH

Effective January 1, 2009

| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|---|---------------------------|--------------|--------------|----------------------|--------------|--------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$361.17 | \$361.17 | \$0.00 | \$722.34 | \$722.34 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$44.00 | \$528.22 | \$572.22 | \$88.00 | \$1,056.44 | \$1,144.44 |
| Member Plus 2 or More Dependents | 6 C | \$63.50 | \$660.59 | \$724.09 | \$127.00 | \$1,321.18 | \$1,448.18 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$41.50 | \$483.21 | \$524.71 | \$83.00 | \$966.42 | \$1,049.42 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$63.50 | \$660.59 | \$724.09 | \$127.00 | \$1,321.18 | \$1,448.18 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$163.54 | \$163.54 | \$0.00 | \$327.08 | \$327.08 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$44.00 | \$330.59 | \$374.59 | \$88.00 | \$661.18 | \$749.18 |
| Member Plus 2 or More Dependents | 6 H | \$63.50 | \$462.96 | \$526.46 | \$127.00 | \$925.92 | \$1,052.92 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$41.50 | \$285.58 | \$327.08 | \$83.00 | \$571.16 | \$654.16 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$63.50 | \$462.96 | \$526.46 | \$127.00 | \$925.92 | \$1,052.92 |

***Ending Section for :* Health Alliance HMO**

Fiscal Year 2009
Health Alliance Illinois - BS
 Effective January 1, 2009

Date 11/14/2008 8:29:13 AM

| <i>State Active Member</i> | | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
|--|---------------------|-----|---------------------------|--------------|--------------|----------------------|--------------|--------------|
| | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | \$29,500 or Less | 1 K | \$20.50 | \$250.93 | \$271.43 | \$41.00 | \$501.86 | \$542.86 |
| | \$29,501 - \$44,600 | 2 K | \$23.00 | \$248.43 | \$271.43 | \$46.00 | \$496.86 | \$542.86 |
| | \$44,601 - \$59,300 | 3 K | \$24.25 | \$247.18 | \$271.43 | \$48.50 | \$494.36 | \$542.86 |
| | \$59,301 - \$74,300 | 4 K | \$25.50 | \$245.93 | \$271.43 | \$51.00 | \$491.86 | \$542.86 |
| | \$74,301 and Over | 5 K | \$26.75 | \$244.68 | \$271.43 | \$53.50 | \$489.36 | \$542.86 |
| Member Plus 1 Non Medicare Dependent | \$29,500 or Less | 1 L | \$69.00 | \$442.49 | \$511.49 | \$138.00 | \$884.98 | \$1,022.98 |
| | \$29,501 - \$44,600 | 2 L | \$71.50 | \$439.99 | \$511.49 | \$143.00 | \$879.98 | \$1,022.98 |
| | \$44,601 - \$59,300 | 3 L | \$72.75 | \$438.74 | \$511.49 | \$145.50 | \$877.48 | \$1,022.98 |
| | \$59,301 - \$74,300 | 4 L | \$74.00 | \$437.49 | \$511.49 | \$148.00 | \$874.98 | \$1,022.98 |
| | \$74,301 and Over | 5 L | \$75.25 | \$436.24 | \$511.49 | \$150.50 | \$872.48 | \$1,022.98 |
| Member Plus 2 or More Dependents | \$29,500 or Less | 1 M | \$90.00 | \$594.08 | \$684.08 | \$180.00 | \$1,188.16 | \$1,368.16 |
| | \$29,501 - \$44,600 | 2 M | \$92.50 | \$591.58 | \$684.08 | \$185.00 | \$1,183.16 | \$1,368.16 |
| | \$44,601 - \$59,300 | 3 M | \$93.75 | \$590.33 | \$684.08 | \$187.50 | \$1,180.66 | \$1,368.16 |
| | \$59,301 - \$74,300 | 4 M | \$95.00 | \$589.08 | \$684.08 | \$190.00 | \$1,178.16 | \$1,368.16 |
| | \$74,301 and Over | 5 M | \$96.25 | \$587.83 | \$684.08 | \$192.50 | \$1,175.66 | \$1,368.16 |
| Member Plus 1 Medicare Primary Dependent | \$29,500 or Less | 1 N | \$67.50 | \$389.92 | \$457.42 | \$135.00 | \$779.84 | \$914.84 |
| | \$29,501 - \$44,600 | 2 N | \$70.00 | \$387.42 | \$457.42 | \$140.00 | \$774.84 | \$914.84 |
| | \$44,601 - \$59,300 | 3 N | \$71.25 | \$386.17 | \$457.42 | \$142.50 | \$772.34 | \$914.84 |
| | \$59,301 - \$74,300 | 4 N | \$72.50 | \$384.92 | \$457.42 | \$145.00 | \$769.84 | \$914.84 |
| | \$74,301 and Over | 5 N | \$73.75 | \$383.67 | \$457.42 | \$147.50 | \$767.34 | \$914.84 |
| Member Plus 2 or More Medicare Primary Dependents | \$29,500 or Less | 1 O | \$90.00 | \$594.08 | \$684.08 | \$180.00 | \$1,188.16 | \$1,368.16 |
| | \$29,501 - \$44,600 | 2 O | \$92.50 | \$591.58 | \$684.08 | \$185.00 | \$1,183.16 | \$1,368.16 |
| | \$44,601 - \$59,300 | 3 O | \$93.75 | \$590.33 | \$684.08 | \$187.50 | \$1,180.66 | \$1,368.16 |
| | \$59,301 - \$74,300 | 4 O | \$95.00 | \$589.08 | \$684.08 | \$190.00 | \$1,178.16 | \$1,368.16 |
| | \$74,301 and Over | 5 O | \$96.25 | \$587.83 | \$684.08 | \$192.50 | \$1,175.66 | \$1,368.16 |

Fiscal Year 2009
Health Alliance Illinois - BS
 Effective January 1, 2009

Date 11/14/2008 8:29:14 AM

| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|---|---------------------------|--------------|--------------|----------------------|--------------|--------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$412.29 | \$412.29 | \$0.00 | \$824.58 | \$824.58 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$48.50 | \$603.85 | \$652.35 | \$97.00 | \$1,207.70 | \$1,304.70 |
| Member Plus 2 or More Dependents | 6 C | \$69.50 | \$755.44 | \$824.94 | \$139.00 | \$1,510.88 | \$1,649.88 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$47.00 | \$551.28 | \$598.28 | \$94.00 | \$1,102.56 | \$1,196.56 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$69.50 | \$755.44 | \$824.94 | \$139.00 | \$1,510.88 | \$1,649.88 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$176.97 | \$176.97 | \$0.00 | \$353.94 | \$353.94 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$48.50 | \$368.53 | \$417.03 | \$97.00 | \$737.06 | \$834.06 |
| Member Plus 2 or More Dependents | 6 H | \$69.50 | \$520.12 | \$589.62 | \$139.00 | \$1,040.24 | \$1,179.24 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$47.00 | \$315.96 | \$362.96 | \$94.00 | \$631.92 | \$725.92 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$69.50 | \$520.12 | \$589.62 | \$139.00 | \$1,040.24 | \$1,179.24 |

Ending Section for : **Health Alliance Illinois**

Fiscal Year 2009
HealthLink Open Access - CF

Date 11/14/2008 8:29:14 AM

Effective January 1, 2009

| <i>State Active Member</i> | | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
|--|---------------------|-----|---------------------------|--------------|--------------|----------------------|--------------|--------------|
| | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | \$29,500 or Less | 1 K | \$20.50 | \$237.08 | \$257.58 | \$41.00 | \$474.16 | \$515.16 |
| | \$29,501 - \$44,600 | 2 K | \$23.00 | \$234.58 | \$257.58 | \$46.00 | \$469.16 | \$515.16 |
| | \$44,601 - \$59,300 | 3 K | \$24.25 | \$233.33 | \$257.58 | \$48.50 | \$466.66 | \$515.16 |
| | \$59,301 - \$74,300 | 4 K | \$25.50 | \$232.08 | \$257.58 | \$51.00 | \$464.16 | \$515.16 |
| | \$74,301 and Over | 5 K | \$26.75 | \$230.83 | \$257.58 | \$53.50 | \$461.66 | \$515.16 |
| Member Plus 1 Non Medicare Dependent | \$29,500 or Less | 1 L | \$70.00 | \$416.01 | \$486.01 | \$140.00 | \$832.02 | \$972.02 |
| | \$29,501 - \$44,600 | 2 L | \$72.50 | \$413.51 | \$486.01 | \$145.00 | \$827.02 | \$972.02 |
| | \$44,601 - \$59,300 | 3 L | \$73.75 | \$412.26 | \$486.01 | \$147.50 | \$824.52 | \$972.02 |
| | \$59,301 - \$74,300 | 4 L | \$75.00 | \$411.01 | \$486.01 | \$150.00 | \$822.02 | \$972.02 |
| | \$74,301 and Over | 5 L | \$76.25 | \$409.76 | \$486.01 | \$152.50 | \$819.52 | \$972.02 |
| Member Plus 2 or More Dependents | \$29,500 or Less | 1 M | \$92.00 | \$558.29 | \$650.29 | \$184.00 | \$1,116.58 | \$1,300.58 |
| | \$29,501 - \$44,600 | 2 M | \$94.50 | \$555.79 | \$650.29 | \$189.00 | \$1,111.58 | \$1,300.58 |
| | \$44,601 - \$59,300 | 3 M | \$95.75 | \$554.54 | \$650.29 | \$191.50 | \$1,109.08 | \$1,300.58 |
| | \$59,301 - \$74,300 | 4 M | \$97.00 | \$553.29 | \$650.29 | \$194.00 | \$1,106.58 | \$1,300.58 |
| | \$74,301 and Over | 5 M | \$98.25 | \$552.04 | \$650.29 | \$196.50 | \$1,104.08 | \$1,300.58 |
| Member Plus 1 Medicare Primary Dependent | \$29,500 or Less | 1 N | \$68.50 | \$366.06 | \$434.56 | \$137.00 | \$732.12 | \$869.12 |
| | \$29,501 - \$44,600 | 2 N | \$71.00 | \$363.56 | \$434.56 | \$142.00 | \$727.12 | \$869.12 |
| | \$44,601 - \$59,300 | 3 N | \$72.25 | \$362.31 | \$434.56 | \$144.50 | \$724.62 | \$869.12 |
| | \$59,301 - \$74,300 | 4 N | \$73.50 | \$361.06 | \$434.56 | \$147.00 | \$722.12 | \$869.12 |
| | \$74,301 and Over | 5 N | \$74.75 | \$359.81 | \$434.56 | \$149.50 | \$719.62 | \$869.12 |
| Member Plus 2 or More Medicare Primary Dependents | \$29,500 or Less | 1 O | \$92.00 | \$558.29 | \$650.29 | \$184.00 | \$1,116.58 | \$1,300.58 |
| | \$29,501 - \$44,600 | 2 O | \$94.50 | \$555.79 | \$650.29 | \$189.00 | \$1,111.58 | \$1,300.58 |
| | \$44,601 - \$59,300 | 3 O | \$95.75 | \$554.54 | \$650.29 | \$191.50 | \$1,109.08 | \$1,300.58 |
| | \$59,301 - \$74,300 | 4 O | \$97.00 | \$553.29 | \$650.29 | \$194.00 | \$1,106.58 | \$1,300.58 |
| | \$74,301 and Over | 5 O | \$98.25 | \$552.04 | \$650.29 | \$196.50 | \$1,104.08 | \$1,300.58 |

Fiscal Year 2009

Date 11/14/2008 8:29:14 AM

HealthLink Open Access - CF

Effective January 1, 2009

| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|---|---------------------------|--------------|--------------|----------------------|--------------|--------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$391.79 | \$391.79 | \$0.00 | \$783.58 | \$783.58 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$49.50 | \$570.72 | \$620.22 | \$99.00 | \$1,141.44 | \$1,240.44 |
| Member Plus 2 or More Dependents | 6 C | \$71.50 | \$713.00 | \$784.50 | \$143.00 | \$1,426.00 | \$1,569.00 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$48.00 | \$520.77 | \$568.77 | \$96.00 | \$1,041.54 | \$1,137.54 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$71.50 | \$713.00 | \$784.50 | \$143.00 | \$1,426.00 | \$1,569.00 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$172.63 | \$172.63 | \$0.00 | \$345.26 | \$345.26 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$49.50 | \$351.56 | \$401.06 | \$99.00 | \$703.12 | \$802.12 |
| Member Plus 2 or More Dependents | 6 H | \$71.50 | \$493.84 | \$565.34 | \$143.00 | \$987.68 | \$1,130.68 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$48.00 | \$301.61 | \$349.61 | \$96.00 | \$603.22 | \$699.22 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$71.50 | \$493.84 | \$565.34 | \$143.00 | \$987.68 | \$1,130.68 |

***Ending Section for :* HealthLink Open Access**

Fiscal Year 2009
HMO Illinois - BY
 Effective January 1, 2009

Date 11/14/2008 8:29:14 AM

| <i>State Active Member</i> | | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
|--|---------------------|-----|---------------------------|--------------|--------------|----------------------|--------------|--------------|
| | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | \$29,500 or Less | 1 K | \$20.50 | \$174.97 | \$195.47 | \$41.00 | \$349.94 | \$390.94 |
| | \$29,501 - \$44,600 | 2 K | \$23.00 | \$172.47 | \$195.47 | \$46.00 | \$344.94 | \$390.94 |
| | \$44,601 - \$59,300 | 3 K | \$24.25 | \$171.22 | \$195.47 | \$48.50 | \$342.44 | \$390.94 |
| | \$59,301 - \$74,300 | 4 K | \$25.50 | \$169.97 | \$195.47 | \$51.00 | \$339.94 | \$390.94 |
| | \$74,301 and Over | 5 K | \$26.75 | \$168.72 | \$195.47 | \$53.50 | \$337.44 | \$390.94 |
| Member Plus 1 Non Medicare Dependent | \$29,500 or Less | 1 L | \$59.00 | \$312.72 | \$371.72 | \$118.00 | \$625.44 | \$743.44 |
| | \$29,501 - \$44,600 | 2 L | \$61.50 | \$310.22 | \$371.72 | \$123.00 | \$620.44 | \$743.44 |
| | \$44,601 - \$59,300 | 3 L | \$62.75 | \$308.97 | \$371.72 | \$125.50 | \$617.94 | \$743.44 |
| | \$59,301 - \$74,300 | 4 L | \$64.00 | \$307.72 | \$371.72 | \$128.00 | \$615.44 | \$743.44 |
| | \$74,301 and Over | 5 L | \$65.25 | \$306.47 | \$371.72 | \$130.50 | \$612.94 | \$743.44 |
| Member Plus 2 or More Dependents | \$29,500 or Less | 1 M | \$75.50 | \$423.24 | \$498.74 | \$151.00 | \$846.48 | \$997.48 |
| | \$29,501 - \$44,600 | 2 M | \$78.00 | \$420.74 | \$498.74 | \$156.00 | \$841.48 | \$997.48 |
| | \$44,601 - \$59,300 | 3 M | \$79.25 | \$419.49 | \$498.74 | \$158.50 | \$838.98 | \$997.48 |
| | \$59,301 - \$74,300 | 4 M | \$80.50 | \$418.24 | \$498.74 | \$161.00 | \$836.48 | \$997.48 |
| | \$74,301 and Over | 5 M | \$81.75 | \$416.99 | \$498.74 | \$163.50 | \$833.98 | \$997.48 |
| Member Plus 1 Medicare Primary Dependent | \$29,500 or Less | 1 N | \$57.00 | \$275.08 | \$332.08 | \$114.00 | \$550.16 | \$664.16 |
| | \$29,501 - \$44,600 | 2 N | \$59.50 | \$272.58 | \$332.08 | \$119.00 | \$545.16 | \$664.16 |
| | \$44,601 - \$59,300 | 3 N | \$60.75 | \$271.33 | \$332.08 | \$121.50 | \$542.66 | \$664.16 |
| | \$59,301 - \$74,300 | 4 N | \$62.00 | \$270.08 | \$332.08 | \$124.00 | \$540.16 | \$664.16 |
| | \$74,301 and Over | 5 N | \$63.25 | \$268.83 | \$332.08 | \$126.50 | \$537.66 | \$664.16 |
| Member Plus 2 or More Medicare Primary Dependents | \$29,500 or Less | 1 O | \$75.50 | \$423.24 | \$498.74 | \$151.00 | \$846.48 | \$997.48 |
| | \$29,501 - \$44,600 | 2 O | \$78.00 | \$420.74 | \$498.74 | \$156.00 | \$841.48 | \$997.48 |
| | \$44,601 - \$59,300 | 3 O | \$79.25 | \$419.49 | \$498.74 | \$158.50 | \$838.98 | \$997.48 |
| | \$59,301 - \$74,300 | 4 O | \$80.50 | \$418.24 | \$498.74 | \$161.00 | \$836.48 | \$997.48 |
| | \$74,301 and Over | 5 O | \$81.75 | \$416.99 | \$498.74 | \$163.50 | \$833.98 | \$997.48 |

Fiscal Year 2009
HMO Illinois - BY
 Effective January 1, 2009

Date 11/14/2008 8:29:14 AM

| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
|---|-----|---------------------------|--------------|--------------|----------------------|--------------|--------------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | 6 A | \$0.00 | \$299.87 | \$299.87 | \$0.00 | \$599.74 | \$599.74 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$38.50 | \$437.62 | \$476.12 | \$77.00 | \$875.24 | \$952.24 |
| Member Plus 2 or More Dependents | 6 C | \$55.00 | \$548.14 | \$603.14 | \$110.00 | \$1,096.28 | \$1,206.28 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$36.50 | \$399.98 | \$436.48 | \$73.00 | \$799.96 | \$872.96 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$55.00 | \$548.14 | \$603.14 | \$110.00 | \$1,096.28 | \$1,206.28 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | 6 F | \$0.00 | \$123.15 | \$123.15 | \$0.00 | \$246.30 | \$246.30 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$38.50 | \$260.90 | \$299.40 | \$77.00 | \$521.80 | \$598.80 |
| Member Plus 2 or More Dependents | 6 H | \$55.00 | \$371.42 | \$426.42 | \$110.00 | \$742.84 | \$852.84 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$36.50 | \$223.26 | \$259.76 | \$73.00 | \$446.52 | \$519.52 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$55.00 | \$371.42 | \$426.42 | \$110.00 | \$742.84 | \$852.84 |

Ending Section for : **HMO Illinois**

Fiscal Year 2009
OSF Health Plan - CA
 Effective January 1, 2009

Date 11/14/2008 8:29:14 AM

| <i>State Active Member</i> | | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
|--|---------------------|-----|---------------------------|--------------|--------------|----------------------|--------------|--------------|
| | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | \$29,500 or Less | 1 K | \$20.50 | \$215.25 | \$235.75 | \$41.00 | \$430.50 | \$471.50 |
| | \$29,501 - \$44,600 | 2 K | \$23.00 | \$212.75 | \$235.75 | \$46.00 | \$425.50 | \$471.50 |
| | \$44,601 - \$59,300 | 3 K | \$24.25 | \$211.50 | \$235.75 | \$48.50 | \$423.00 | \$471.50 |
| | \$59,301 - \$74,300 | 4 K | \$25.50 | \$210.25 | \$235.75 | \$51.00 | \$420.50 | \$471.50 |
| | \$74,301 and Over | 5 K | \$26.75 | \$209.00 | \$235.75 | \$53.50 | \$418.00 | \$471.50 |
| Member Plus 1 Non Medicare Dependent | \$29,500 or Less | 1 L | \$63.50 | \$382.34 | \$445.84 | \$127.00 | \$764.68 | \$891.68 |
| | \$29,501 - \$44,600 | 2 L | \$66.00 | \$379.84 | \$445.84 | \$132.00 | \$759.68 | \$891.68 |
| | \$44,601 - \$59,300 | 3 L | \$67.25 | \$378.59 | \$445.84 | \$134.50 | \$757.18 | \$891.68 |
| | \$59,301 - \$74,300 | 4 L | \$68.50 | \$377.34 | \$445.84 | \$137.00 | \$754.68 | \$891.68 |
| | \$74,301 and Over | 5 L | \$69.75 | \$376.09 | \$445.84 | \$139.50 | \$752.18 | \$891.68 |
| Member Plus 2 or More Dependents | \$29,500 or Less | 1 M | \$82.50 | \$514.53 | \$597.03 | \$165.00 | \$1,029.06 | \$1,194.06 |
| | \$29,501 - \$44,600 | 2 M | \$85.00 | \$512.03 | \$597.03 | \$170.00 | \$1,024.06 | \$1,194.06 |
| | \$44,601 - \$59,300 | 3 M | \$86.25 | \$510.78 | \$597.03 | \$172.50 | \$1,021.56 | \$1,194.06 |
| | \$59,301 - \$74,300 | 4 M | \$87.50 | \$509.53 | \$597.03 | \$175.00 | \$1,019.06 | \$1,194.06 |
| | \$74,301 and Over | 5 M | \$88.75 | \$508.28 | \$597.03 | \$177.50 | \$1,016.56 | \$1,194.06 |
| Member Plus 1 Medicare Primary Dependent | \$29,500 or Less | 1 N | \$62.00 | \$336.55 | \$398.55 | \$124.00 | \$673.10 | \$797.10 |
| | \$29,501 - \$44,600 | 2 N | \$64.50 | \$334.05 | \$398.55 | \$129.00 | \$668.10 | \$797.10 |
| | \$44,601 - \$59,300 | 3 N | \$65.75 | \$332.80 | \$398.55 | \$131.50 | \$665.60 | \$797.10 |
| | \$59,301 - \$74,300 | 4 N | \$67.00 | \$331.55 | \$398.55 | \$134.00 | \$663.10 | \$797.10 |
| | \$74,301 and Over | 5 N | \$68.25 | \$330.30 | \$398.55 | \$136.50 | \$660.60 | \$797.10 |
| Member Plus 2 or More Medicare Primary Dependents | \$29,500 or Less | 1 O | \$82.50 | \$514.53 | \$597.03 | \$165.00 | \$1,029.06 | \$1,194.06 |
| | \$29,501 - \$44,600 | 2 O | \$85.00 | \$512.03 | \$597.03 | \$170.00 | \$1,024.06 | \$1,194.06 |
| | \$44,601 - \$59,300 | 3 O | \$86.25 | \$510.78 | \$597.03 | \$172.50 | \$1,021.56 | \$1,194.06 |
| | \$59,301 - \$74,300 | 4 O | \$87.50 | \$509.53 | \$597.03 | \$175.00 | \$1,019.06 | \$1,194.06 |
| | \$74,301 and Over | 5 O | \$88.75 | \$508.28 | \$597.03 | \$177.50 | \$1,016.56 | \$1,194.06 |

Fiscal Year 2009
OSF Health Plan - CA
 Effective January 1, 2009

Date 11/14/2008 8:29:14 AM

| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|--|----------------------------------|---------------------|---------------------|-----------------------------|---------------------|---------------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$359.48 | \$359.48 | \$0.00 | \$718.96 | \$718.96 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$43.00 | \$526.57 | \$569.57 | \$86.00 | \$1,053.14 | \$1,139.14 |
| Member Plus 2 or More Dependents | 6 C | \$62.00 | \$658.76 | \$720.76 | \$124.00 | \$1,317.52 | \$1,441.52 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$41.50 | \$480.78 | \$522.28 | \$83.00 | \$961.56 | \$1,044.56 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$62.00 | \$658.76 | \$720.76 | \$124.00 | \$1,317.52 | \$1,441.52 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$158.24 | \$158.24 | \$0.00 | \$316.48 | \$316.48 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$43.00 | \$325.33 | \$368.33 | \$86.00 | \$650.66 | \$736.66 |
| Member Plus 2 or More Dependents | 6 H | \$62.00 | \$457.52 | \$519.52 | \$124.00 | \$915.04 | \$1,039.04 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$41.50 | \$279.54 | \$321.04 | \$83.00 | \$559.08 | \$642.08 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$62.00 | \$457.52 | \$519.52 | \$124.00 | \$915.04 | \$1,039.04 |

Ending Section for : **OSF Health Plan**

Fiscal Year 2009
OSF Winnebago - CE
 Effective January 1, 2009

Date 11/14/2008 8:29:14 AM

| <i>State Active Member</i> | | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
|--|---------------------|-----|---------------------------|--------------|--------------|----------------------|--------------|--------------|
| | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | \$29,500 or Less | 1 K | \$20.50 | \$230.81 | \$251.31 | \$41.00 | \$461.62 | \$502.62 |
| | \$29,501 - \$44,600 | 2 K | \$23.00 | \$228.31 | \$251.31 | \$46.00 | \$456.62 | \$502.62 |
| | \$44,601 - \$59,300 | 3 K | \$24.25 | \$227.06 | \$251.31 | \$48.50 | \$454.12 | \$502.62 |
| | \$59,301 - \$74,300 | 4 K | \$25.50 | \$225.81 | \$251.31 | \$51.00 | \$451.62 | \$502.62 |
| | \$74,301 and Over | 5 K | \$26.75 | \$224.56 | \$251.31 | \$53.50 | \$449.12 | \$502.62 |
| Member Plus 1 Non Medicare Dependent | \$29,500 or Less | 1 L | \$71.00 | \$403.47 | \$474.47 | \$142.00 | \$806.94 | \$948.94 |
| | \$29,501 - \$44,600 | 2 L | \$73.50 | \$400.97 | \$474.47 | \$147.00 | \$801.94 | \$948.94 |
| | \$44,601 - \$59,300 | 3 L | \$74.75 | \$399.72 | \$474.47 | \$149.50 | \$799.44 | \$948.94 |
| | \$59,301 - \$74,300 | 4 L | \$76.00 | \$398.47 | \$474.47 | \$152.00 | \$796.94 | \$948.94 |
| | \$74,301 and Over | 5 L | \$77.25 | \$397.22 | \$474.47 | \$154.50 | \$794.44 | \$948.94 |
| Member Plus 2 or More Dependents | \$29,500 or Less | 1 M | \$93.50 | \$541.49 | \$634.99 | \$187.00 | \$1,082.98 | \$1,269.98 |
| | \$29,501 - \$44,600 | 2 M | \$96.00 | \$538.99 | \$634.99 | \$192.00 | \$1,077.98 | \$1,269.98 |
| | \$44,601 - \$59,300 | 3 M | \$97.25 | \$537.74 | \$634.99 | \$194.50 | \$1,075.48 | \$1,269.98 |
| | \$59,301 - \$74,300 | 4 M | \$98.50 | \$536.49 | \$634.99 | \$197.00 | \$1,072.98 | \$1,269.98 |
| | \$74,301 and Over | 5 M | \$99.75 | \$535.24 | \$634.99 | \$199.50 | \$1,070.48 | \$1,269.98 |
| Member Plus 1 Medicare Primary Dependent | \$29,500 or Less | 1 N | \$69.50 | \$354.72 | \$424.22 | \$139.00 | \$709.44 | \$848.44 |
| | \$29,501 - \$44,600 | 2 N | \$72.00 | \$352.22 | \$424.22 | \$144.00 | \$704.44 | \$848.44 |
| | \$44,601 - \$59,300 | 3 N | \$73.25 | \$350.97 | \$424.22 | \$146.50 | \$701.94 | \$848.44 |
| | \$59,301 - \$74,300 | 4 N | \$74.50 | \$349.72 | \$424.22 | \$149.00 | \$699.44 | \$848.44 |
| | \$74,301 and Over | 5 N | \$75.75 | \$348.47 | \$424.22 | \$151.50 | \$696.94 | \$848.44 |
| Member Plus 2 or More Medicare Primary Dependents | \$29,500 or Less | 1 O | \$93.50 | \$541.49 | \$634.99 | \$187.00 | \$1,082.98 | \$1,269.98 |
| | \$29,501 - \$44,600 | 2 O | \$96.00 | \$538.99 | \$634.99 | \$192.00 | \$1,077.98 | \$1,269.98 |
| | \$44,601 - \$59,300 | 3 O | \$97.25 | \$537.74 | \$634.99 | \$194.50 | \$1,075.48 | \$1,269.98 |
| | \$59,301 - \$74,300 | 4 O | \$98.50 | \$536.49 | \$634.99 | \$197.00 | \$1,072.98 | \$1,269.98 |
| | \$74,301 and Over | 5 O | \$99.75 | \$535.24 | \$634.99 | \$199.50 | \$1,070.48 | \$1,269.98 |

Fiscal Year 2009
OSF Winnebago - CE
 Effective January 1, 2009

Date 11/14/2008 8:29:14 AM

| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|--|----------------------------------|---------------------|---------------------|-----------------------------|---------------------|---------------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$382.51 | \$382.51 | \$0.00 | \$765.02 | \$765.02 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$50.50 | \$555.17 | \$605.67 | \$101.00 | \$1,110.34 | \$1,211.34 |
| Member Plus 2 or More Dependents | 6 C | \$73.00 | \$693.19 | \$766.19 | \$146.00 | \$1,386.38 | \$1,532.38 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$49.00 | \$506.42 | \$555.42 | \$98.00 | \$1,012.84 | \$1,110.84 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$73.00 | \$693.19 | \$766.19 | \$146.00 | \$1,386.38 | \$1,532.38 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$173.15 | \$173.15 | \$0.00 | \$346.30 | \$346.30 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$50.50 | \$345.81 | \$396.31 | \$101.00 | \$691.62 | \$792.62 |
| Member Plus 2 or More Dependents | 6 H | \$73.00 | \$483.83 | \$556.83 | \$146.00 | \$967.66 | \$1,113.66 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$49.00 | \$297.06 | \$346.06 | \$98.00 | \$594.12 | \$692.12 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$73.00 | \$483.83 | \$556.83 | \$146.00 | \$967.66 | \$1,113.66 |

Ending Section for : OSF Winnebago

Fiscal Year 2009
Personal Care HMO - AS
 Effective January 1, 2009

Date 11/14/2008 8:29:14 AM

| <i>State Active Member</i> | | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
|--|---------------------|-----|---------------------------|--------------|--------------|----------------------|--------------|--------------|
| | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | \$29,500 or Less | 1 K | \$20.50 | \$204.05 | \$224.55 | \$41.00 | \$408.10 | \$449.10 |
| | \$29,501 - \$44,600 | 2 K | \$23.00 | \$201.55 | \$224.55 | \$46.00 | \$403.10 | \$449.10 |
| | \$44,601 - \$59,300 | 3 K | \$24.25 | \$200.30 | \$224.55 | \$48.50 | \$400.60 | \$449.10 |
| | \$59,301 - \$74,300 | 4 K | \$25.50 | \$199.05 | \$224.55 | \$51.00 | \$398.10 | \$449.10 |
| | \$74,301 and Over | 5 K | \$26.75 | \$197.80 | \$224.55 | \$53.50 | \$395.60 | \$449.10 |
| Member Plus 1 Non Medicare Dependent | \$29,500 or Less | 1 L | \$63.50 | \$361.73 | \$425.23 | \$127.00 | \$723.46 | \$850.46 |
| | \$29,501 - \$44,600 | 2 L | \$66.00 | \$359.23 | \$425.23 | \$132.00 | \$718.46 | \$850.46 |
| | \$44,601 - \$59,300 | 3 L | \$67.25 | \$357.98 | \$425.23 | \$134.50 | \$715.96 | \$850.46 |
| | \$59,301 - \$74,300 | 4 L | \$68.50 | \$356.73 | \$425.23 | \$137.00 | \$713.46 | \$850.46 |
| | \$74,301 and Over | 5 L | \$69.75 | \$355.48 | \$425.23 | \$139.50 | \$710.96 | \$850.46 |
| Member Plus 2 or More Dependents | \$29,500 or Less | 1 M | \$82.50 | \$487.20 | \$569.70 | \$165.00 | \$974.40 | \$1,139.40 |
| | \$29,501 - \$44,600 | 2 M | \$85.00 | \$484.70 | \$569.70 | \$170.00 | \$969.40 | \$1,139.40 |
| | \$44,601 - \$59,300 | 3 M | \$86.25 | \$483.45 | \$569.70 | \$172.50 | \$966.90 | \$1,139.40 |
| | \$59,301 - \$74,300 | 4 M | \$87.50 | \$482.20 | \$569.70 | \$175.00 | \$964.40 | \$1,139.40 |
| | \$74,301 and Over | 5 M | \$88.75 | \$480.95 | \$569.70 | \$177.50 | \$961.90 | \$1,139.40 |
| Member Plus 1 Medicare Primary Dependent | \$29,500 or Less | 1 N | \$61.50 | \$318.56 | \$380.06 | \$123.00 | \$637.12 | \$760.12 |
| | \$29,501 - \$44,600 | 2 N | \$64.00 | \$316.06 | \$380.06 | \$128.00 | \$632.12 | \$760.12 |
| | \$44,601 - \$59,300 | 3 N | \$65.25 | \$314.81 | \$380.06 | \$130.50 | \$629.62 | \$760.12 |
| | \$59,301 - \$74,300 | 4 N | \$66.50 | \$313.56 | \$380.06 | \$133.00 | \$627.12 | \$760.12 |
| | \$74,301 and Over | 5 N | \$67.75 | \$312.31 | \$380.06 | \$135.50 | \$624.62 | \$760.12 |
| Member Plus 2 or More Medicare Primary Dependents | \$29,500 or Less | 1 O | \$82.50 | \$487.20 | \$569.70 | \$165.00 | \$974.40 | \$1,139.40 |
| | \$29,501 - \$44,600 | 2 O | \$85.00 | \$484.70 | \$569.70 | \$170.00 | \$969.40 | \$1,139.40 |
| | \$44,601 - \$59,300 | 3 O | \$86.25 | \$483.45 | \$569.70 | \$172.50 | \$966.90 | \$1,139.40 |
| | \$59,301 - \$74,300 | 4 O | \$87.50 | \$482.20 | \$569.70 | \$175.00 | \$964.40 | \$1,139.40 |
| | \$74,301 and Over | 5 O | \$88.75 | \$480.95 | \$569.70 | \$177.50 | \$961.90 | \$1,139.40 |

Fiscal Year 2009
Personal Care HMO - AS
 Effective January 1, 2009

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| <u><i>Retiree/Annuitants/Survivors(Non Medicare)</i></u> | <u><i>Semi-Monthly Rates</i></u> | | | <u><i>Monthly Rates</i></u> | | | |
|--|----------------------------------|--------------|--------------|-----------------------------|--------------|--------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$342.91 | \$342.91 | \$0.00 | \$685.82 | \$685.82 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$43.00 | \$500.59 | \$543.59 | \$86.00 | \$1,001.18 | \$1,087.18 |
| Member Plus 2 or More Dependents | 6 C | \$62.00 | \$626.06 | \$688.06 | \$124.00 | \$1,252.12 | \$1,376.12 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$41.00 | \$457.42 | \$498.42 | \$82.00 | \$914.84 | \$996.84 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$62.00 | \$626.06 | \$688.06 | \$124.00 | \$1,252.12 | \$1,376.12 |
| <u><i>Retiree/Annuitants/Survivors(Medicare)</i></u> | <u><i>Semi-Monthly Rates</i></u> | | | <u><i>Monthly Rates</i></u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$142.42 | \$142.42 | \$0.00 | \$284.84 | \$284.84 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$43.00 | \$300.10 | \$343.10 | \$86.00 | \$600.20 | \$686.20 |
| Member Plus 2 or More Dependents | 6 H | \$62.00 | \$425.57 | \$487.57 | \$124.00 | \$851.14 | \$975.14 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$41.00 | \$256.93 | \$297.93 | \$82.00 | \$513.86 | \$595.86 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$62.00 | \$425.57 | \$487.57 | \$124.00 | \$851.14 | \$975.14 |

Ending Section for : **Personal Care HMO**

Fiscal Year 2009
UniCare HMO - CC
 Effective January 1, 2009

Date 11/14/2008 8:29:14 AM

| <i>State Active Member</i> | | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
|--|---------------------|-----|---------------------------|--------------|--------------|----------------------|--------------|--------------|
| | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | \$29,500 or Less | 1 K | \$20.50 | \$187.95 | \$208.45 | \$41.00 | \$375.90 | \$416.90 |
| | \$29,501 - \$44,600 | 2 K | \$23.00 | \$185.45 | \$208.45 | \$46.00 | \$370.90 | \$416.90 |
| | \$44,601 - \$59,300 | 3 K | \$24.25 | \$184.20 | \$208.45 | \$48.50 | \$368.40 | \$416.90 |
| | \$59,301 - \$74,300 | 4 K | \$25.50 | \$182.95 | \$208.45 | \$51.00 | \$365.90 | \$416.90 |
| | \$74,301 and Over | 5 K | \$26.75 | \$181.70 | \$208.45 | \$53.50 | \$363.40 | \$416.90 |
| Member Plus 1 Non Medicare Dependent | \$29,500 or Less | 1 L | \$58.50 | \$337.11 | \$395.61 | \$117.00 | \$674.22 | \$791.22 |
| | \$29,501 - \$44,600 | 2 L | \$61.00 | \$334.61 | \$395.61 | \$122.00 | \$669.22 | \$791.22 |
| | \$44,601 - \$59,300 | 3 L | \$62.25 | \$333.36 | \$395.61 | \$124.50 | \$666.72 | \$791.22 |
| | \$59,301 - \$74,300 | 4 L | \$63.50 | \$332.11 | \$395.61 | \$127.00 | \$664.22 | \$791.22 |
| | \$74,301 and Over | 5 L | \$64.75 | \$330.86 | \$395.61 | \$129.50 | \$661.72 | \$791.22 |
| Member Plus 2 or More Dependents | \$29,500 or Less | 1 M | \$74.00 | \$456.41 | \$530.41 | \$148.00 | \$912.82 | \$1,060.82 |
| | \$29,501 - \$44,600 | 2 M | \$76.50 | \$453.91 | \$530.41 | \$153.00 | \$907.82 | \$1,060.82 |
| | \$44,601 - \$59,300 | 3 M | \$77.75 | \$452.66 | \$530.41 | \$155.50 | \$905.32 | \$1,060.82 |
| | \$59,301 - \$74,300 | 4 M | \$79.00 | \$451.41 | \$530.41 | \$158.00 | \$902.82 | \$1,060.82 |
| | \$74,301 and Over | 5 M | \$80.25 | \$450.16 | \$530.41 | \$160.50 | \$900.32 | \$1,060.82 |
| Member Plus 1 Medicare Primary Dependent | \$29,500 or Less | 1 N | \$56.00 | \$297.50 | \$353.50 | \$112.00 | \$595.00 | \$707.00 |
| | \$29,501 - \$44,600 | 2 N | \$58.50 | \$295.00 | \$353.50 | \$117.00 | \$590.00 | \$707.00 |
| | \$44,601 - \$59,300 | 3 N | \$59.75 | \$293.75 | \$353.50 | \$119.50 | \$587.50 | \$707.00 |
| | \$59,301 - \$74,300 | 4 N | \$61.00 | \$292.50 | \$353.50 | \$122.00 | \$585.00 | \$707.00 |
| | \$74,301 and Over | 5 N | \$62.25 | \$291.25 | \$353.50 | \$124.50 | \$582.50 | \$707.00 |
| Member Plus 2 or More Medicare Primary Dependents | \$29,500 or Less | 1 O | \$74.00 | \$456.41 | \$530.41 | \$148.00 | \$912.82 | \$1,060.82 |
| | \$29,501 - \$44,600 | 2 O | \$76.50 | \$453.91 | \$530.41 | \$153.00 | \$907.82 | \$1,060.82 |
| | \$44,601 - \$59,300 | 3 O | \$77.75 | \$452.66 | \$530.41 | \$155.50 | \$905.32 | \$1,060.82 |
| | \$59,301 - \$74,300 | 4 O | \$79.00 | \$451.41 | \$530.41 | \$158.00 | \$902.82 | \$1,060.82 |
| | \$74,301 and Over | 5 O | \$80.25 | \$450.16 | \$530.41 | \$160.50 | \$900.32 | \$1,060.82 |

Fiscal Year 2009
UniCare HMO - CC
 Effective January 1, 2009

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| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|---|---------------------------|--------------|--------------|----------------------|--------------|--------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$319.08 | \$319.08 | \$0.00 | \$638.16 | \$638.16 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$38.00 | \$468.24 | \$506.24 | \$76.00 | \$936.48 | \$1,012.48 |
| Member Plus 2 or More Dependents | 6 C | \$53.50 | \$587.54 | \$641.04 | \$107.00 | \$1,175.08 | \$1,282.08 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$35.50 | \$428.63 | \$464.13 | \$71.00 | \$857.26 | \$928.26 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$53.50 | \$587.54 | \$641.04 | \$107.00 | \$1,175.08 | \$1,282.08 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$134.14 | \$134.14 | \$0.00 | \$268.28 | \$268.28 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$38.00 | \$283.30 | \$321.30 | \$76.00 | \$566.60 | \$642.60 |
| Member Plus 2 or More Dependents | 6 H | \$53.50 | \$402.60 | \$456.10 | \$107.00 | \$805.20 | \$912.20 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$35.50 | \$243.69 | \$279.19 | \$71.00 | \$487.38 | \$558.38 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$53.50 | \$402.60 | \$456.10 | \$107.00 | \$805.20 | \$912.20 |

Ending Section for : **UniCare HMO**

Department of Central Management Services
Group Insurance Division

FY2009 (BCP2)
Dental Rate Tables

Note: The FY2009 rates represent the rates for Benefit Choice Period 2
(January 1, 2009, through June 30, 2009).

Effective January 1, 2009 – June 30, 2009

DENTAL RATES

11/18/2008

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Fiscal Year 2009

Effective January 1, 2009

The following codes and rates may be used for calculating employee paid dental, such as in the case of members on non-state paid leave of absence.

Quality Care Dental - D6

Active Members

| | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
|----------------------------|----|---------------------------|--------------|--------------|----------------------|--------------|--------------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | W1 | \$5.50 | \$9.06 | \$14.56 | \$11.00 | \$18.12 | \$29.12 |
| Member Plus One Dependent | X1 | \$8.50 | \$17.79 | \$26.29 | \$17.00 | \$35.58 | \$52.58 |
| Member Plus Two Dependents | X2 | \$9.75 | \$36.46 | \$46.21 | \$19.50 | \$72.92 | \$92.42 |

Retirees, Annuitants and Survivors

| | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
|----------------------------|----|---------------------------|--------------|--------------|----------------------|--------------|--------------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | S1 | \$0.00 | \$14.56 | \$14.56 | \$0.00 | \$29.12 | \$29.12 |
| Member Plus One Dependent | T1 | \$0.00 | \$26.29 | \$26.29 | \$0.00 | \$52.58 | \$52.58 |
| Member Plus Two Dependents | T2 | \$0.00 | \$46.21 | \$46.21 | \$0.00 | \$92.42 | \$92.42 |

Department of Central Management Services
Group Insurance Division

FY2009 (BCP2)
Domestic Partner Coverage
Health and Dental Premium
& Imputed Income

Note: The FY2009 rates represent the rates for Benefit Choice Period 2
(January 1, 2009, through June 30, 2009).

Effective January 1, 2009 – June 30, 2009

FY2009 Non-IRS Domestic Partner Dependent (1A)

Monthly Premium Rates & Imputed Income Amounts (Effective January 1, 2009)

HEALTH

| Carrier Name - Code | Premium | Imputed Income |
|-------------------------------|----------|----------------|
| Unicare HMO - CC | \$76.00 | \$298.32 |
| HMO Illinois - BY | \$77.00 | \$275.50 |
| PersonalCare - AS | \$86.00 | \$315.36 |
| OSF HealthPlans - CA | \$86.00 | \$334.18 |
| Health Alliance HMO - AH | \$88.00 | \$334.10 |
| Health Alliance Illinois - BS | \$97.00 | \$383.12 |
| HealthLink OAP - CF | \$99.00 | \$357.86 |
| OSF Winnebago - CE | \$101.00 | \$345.32 |
| QCHP - D3 | \$190.00 | \$454.90 |
| QCHP Non-Accessible - D1 | \$84.12 | \$325.86 |

DENTAL

| | | |
|--------------------------|--------|---------|
| Quality Care Dental - D6 | \$6.00 | \$17.46 |
|--------------------------|--------|---------|

NOTE: The Premium and Imputed Income amounts quoted above are for full-time employees. Part-time employees who are required to pay a percentage of the cost for basic health coverage should contact the Analysis and Resolution Unit (ARU) at (217) 558-4671 for the exact premium and imputed income amounts.

Department of Central Management Services
Group Insurance Division

**FY2009 (BCP2)
Health and Dental
COBRA Rate Tables**

Note: The FY2009 rates represent the rates for Benefit Choice Period 2
(January 1, 2009, through June 30, 2009).

Effective January 1, 2009 – June 30, 2009

COBRA – Fiscal Year 2009 BC Period 2

11/07/2008

Effective January 1, 2009 – June 30, 2009

QUALITY CARE HEALTH PLAN - D3

| | | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|----|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$641.88 | \$0.00 | \$320.94 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$1299.67 | \$657.79 | \$649.83 | \$328.89 |
| Member Plus 2 or More Dependents | 1M | \$1531.78 | \$889.90 | \$765.89 | \$444.95 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$1007.89 | \$366.01 | \$503.94 | \$183.00 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1531.78 | \$889.90 | \$765.89 | \$444.95 |

HEALTH ALLIANCE HMO - AH

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$483.25 | \$0.00 | \$241.62 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$913.79 | \$430.54 | \$456.89 | \$215.27 |
| Member Plus 2 or More Dependents | 1M | \$1223.60 | \$740.35 | \$611.79 | \$370.17 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$816.87 | \$333.62 | \$408.43 | \$166.81 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1223.60 | \$740.35 | \$611.79 | \$370.17 |

HEALTH ALLIANCE ILLINOIS - BS

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$553.71 | \$0.00 | \$276.85 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$1043.43 | \$489.72 | \$521.71 | \$244.86 |
| Member Plus 2 or More Dependents | 1M | \$1395.51 | \$841.80 | \$697.75 | \$420.90 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$933.12 | \$379.41 | \$466.55 | \$189.70 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1395.51 | \$841.80 | \$697.75 | \$420.90 |

COBRA – Fiscal Year 2009 BC Period 2
Effective January 1, 2009 – June 30, 2009

11/07/2008

HEALTHLINK OAP

- CF

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$525.46 | \$0.00 | \$262.73 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$991.45 | \$465.99 | \$495.72 | \$232.99 |
| Member Plus 2 or More Dependents | 1M | \$1326.58 | \$801.12 | \$663.29 | \$400.56 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$886.49 | \$361.03 | \$443.24 | \$180.51 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1326.58 | \$801.12 | \$663.29 | \$400.56 |

HMO ILLINOIS

- BY

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$398.75 | \$0.00 | \$199.37 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$758.30 | \$359.55 | \$379.14 | \$179.77 |
| Member Plus 2 or More Dependents | 1M | \$1017.42 | \$618.67 | \$508.70 | \$309.33 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$677.43 | \$278.68 | \$338.71 | \$139.34 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1017.42 | \$618.67 | \$508.70 | \$309.33 |

OSF HEALTH CARE

- CA

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$480.93 | \$0.00 | \$240.46 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$909.51 | \$428.58 | \$454.75 | \$214.29 |
| Member Plus 2 or More Dependents | 1M | \$1217.94 | \$737.01 | \$608.96 | \$368.50 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$813.04 | \$332.11 | \$406.51 | \$166.05 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1217.94 | \$737.01 | \$608.96 | \$368.50 |

COBRA – Fiscal Year 2009 BC Period 2
Effective January 1, 2009 – June 30, 2009

11/07/2008

OSF WINNEBAGO

- CE

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$512.67 | \$0.00 | \$256.33 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$967.91 | \$455.24 | \$483.95 | \$227.62 |
| Member Plus 2 or More Dependents | 1M | \$1295.37 | \$782.70 | \$647.68 | \$391.35 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$865.40 | \$352.73 | \$432.69 | \$176.36 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1295.37 | \$782.70 | \$647.68 | \$391.35 |

PERSONALCARE

- AS

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$458.08 | \$0.00 | \$229.04 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$867.46 | \$409.38 | \$433.73 | \$204.69 |
| Member Plus 2 or More Dependents | 1M | \$1162.18 | \$704.10 | \$581.09 | \$352.05 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$775.32 | \$317.24 | \$387.66 | \$158.62 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1162.18 | \$704.10 | \$581.09 | \$352.05 |

UNICARE HMO

- CC

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$425.23 | \$0.00 | \$212.61 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$807.03 | \$381.80 | \$403.51 | \$190.90 |
| Member Plus 2 or More Dependents | 1M | \$1082.02 | \$656.79 | \$541.00 | \$328.39 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$721.13 | \$295.90 | \$360.56 | \$147.95 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1082.02 | \$656.79 | \$541.00 | \$328.39 |

COBRA – Fiscal Year 2009 BC Period 2

Effective January 1, 2009 – June 30, 2009

11/07/2008

QUALITY CARE DENTAL PLAN

- D6

| | | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|----------------------------------|--------------------|----------------------|------------------|---------------------------|------------------|
| | <u>Deduct Code</u> | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | S1 | \$29.70 | \$0.00 | \$14.85 | \$0.00 |
| Member Plus 1 Dependent | T1 | \$53.62 | \$23.92 | \$26.81 | \$11.96 |
| Member Plus 2 or More Dependents | T2 | \$94.26 | \$64.56 | \$47.13 | \$32.28 |
| Member Only | W1 | \$29.70 | \$0.00 | \$14.85 | \$0.00 |
| Member Plus 1 Dependent | X1 | \$53.62 | \$23.92 | \$26.81 | \$11.96 |
| Member Plus 2 or More Dependents | X2 | \$94.26 | \$64.56 | \$47.12 | \$32.27 |

Department of Central Management Services
Group Insurance Division

**FY2008 and FY2009 (BCP1)
Health Rate Tables**

Note: The FY2009 rates represent the rates for Benefit Choice Period 1
(July 1, 2008, through December 31, 2008).

Effective July 1, 2007 – December 31, 2008

HEALTH RATE TABLE DESCRIPTION

The health rates apply to:

1. Employees active on payroll
2. Employees on a leave of absence, layoff, etc.
3. Retirees, annuitants and survivors

The amount a person pays depends upon the carrier selected and the type of enrollee: active employee, leave of absence, retiree/annuitant or survivor.

- ◆ Active employee rates are based on the employment status of the employee, either full-time status or part-time. For part-time employees, the State contribution is based on the percentage of time worked, i.e., for an employee who works 80% of a normal work period, the State would contribute 80% of the amount in the "State" paid columns on the rate tables and the employee would pay 20% of the "State" paid amount (in addition to the salary based premium for health and any dependent costs). See the Group Insurance Manual for instructions on how to calculate the premium for part-time employees.
- ◆ Rates for members on a leave of absence are based on the type of leave. For example, a member on a non-State paid leave of absence must pay 100% of the premium (there is no State-paid contribution); whereas a full-time person on State-paid leave would pay the same amount as if he/she were on payroll (the State would continue to contribute their portion towards the cost of coverage for the member and any covered dependents).

RATE CATEGORIES

Because of differing managed care State-paid contributions for retirees/survivors versus active members, separate rates have been provided for the following types of enrollees:

State Active Member - Members active on payroll or on a leave of absence.

Retiree/Annuitants/Survivors (Non-Medicare) – Retirees, annuitants and survivors **not enrolled in both Parts A & B of Medicare**. This includes State Employees' Retirement System and State University Retirement System retirees and survivors **prior to** January 1, 1998, retirees of the Teachers' Retirement System **prior to** July 1, 1998 and retirees and survivors receiving benefits from other State retirement systems.

Retiree/Annuitants/Survivors (Medicare) - Retirees and survivors **enrolled in both Parts A & B of Medicare** or in situations where the person is enrolled in premium-free Part A of Medicare, is not purchasing Part B and Part B benefits are being reduced. This includes State Employees' Retirement System and State University Retirement System retirees and survivors **prior to** January 1, 1998, retirees of the Teachers' Retirement System **prior to** July 1, 1998 and retirees and survivors receiving benefits from other State retirement systems.

DEFINITION OF TYPES OF COVERAGE

Within each group in the rate tables (State Active, Retiree Non-Medicare, Retiree Medicare), there are rates for the following types of coverage:

Member Only: Single coverage; the member has no dependents covered under his/her health plan.

Member Plus 1 Non-Medicare Dependent: The member is covered and has one dependent enrolled. The dependent is not enrolled in Medicare or the dependent is **not enrolled in both Parts A and B of Medicare** (the State is primary claim payer for either Part A or B).

Member Plus 2 or More Dependents: This category includes a member with two or more dependents enrolled where:

- 1) The dependents are not enrolled in Medicare,
- 2) the State is primary claim payer for Part A or B, but not both, or
- 3) there is a combination of dependents who have Medicare primary and Non-Medicare coverage.

Member Plus 1 Medicare Dependent: The member is covered and has one dependent covered. Medicare is primary claim payer for **both** Parts A and B for the dependent or the dependent is enrolled in premium free Part A of Medicare, is not purchasing Part B and Part B benefits are being reduced.

Member Plus 2 or More Medicare Dependents: The member is covered and has two or more dependents covered. Medicare is primary claim payer for **both** Parts A and B for all of the dependents or the dependents are enrolled in premium free Part A of Medicare, not purchasing Part B and Part B benefits are being reduced.

Fiscal Year 2008 and 2009 (BCP1)
Quality Care Health Plan - D3
Effective July 1, 2007 - December 31, 2008

11/18/2008

| <i>State Active Member</i> | <i>Semi-Monthly Rates</i> | | | <i>Monthly Rates</i> | | | | |
|--|----------------------------------|-----|----------|-----------------------------|---------------------|---------------------|----------------------|---------------------|
| | | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> |
| Member Only | \$29,500 or Less | 1 K | \$30.00 | \$310.39 | \$340.39 | \$60.00 | \$620.78 | \$680.78 |
| | \$29,501 - \$44,600 | 2 K | \$32.50 | \$307.89 | \$340.39 | \$65.00 | \$615.78 | \$680.78 |
| | \$44,601 - \$59,300 | 3 K | \$33.75 | \$306.64 | \$340.39 | \$67.50 | \$613.28 | \$680.78 |
| | \$59,301 - \$74,300 | 4 K | \$35.00 | \$305.39 | \$340.39 | \$70.00 | \$610.78 | \$680.78 |
| | \$74,301 and Over | 5 K | \$36.25 | \$304.14 | \$340.39 | \$72.50 | \$608.28 | \$680.78 |
| Member Plus 1 Non Medicare Dependent | \$29,500 or Less | 1 L | \$122.00 | \$571.21 | \$693.21 | \$244.00 | \$1,142.42 | \$1,386.42 |
| | \$29,501 - \$44,600 | 2 L | \$124.50 | \$568.71 | \$693.21 | \$249.00 | \$1,137.42 | \$1,386.42 |
| | \$44,601 - \$59,300 | 3 L | \$125.75 | \$567.46 | \$693.21 | \$251.50 | \$1,134.92 | \$1,386.42 |
| | \$59,301 - \$74,300 | 4 L | \$127.00 | \$566.21 | \$693.21 | \$254.00 | \$1,132.42 | \$1,386.42 |
| | \$74,301 and Over | 5 L | \$128.25 | \$564.96 | \$693.21 | \$256.50 | \$1,129.92 | \$1,386.42 |
| Member Plus 2 or More Dependents | \$29,500 or Less | 1 M | \$137.00 | \$664.39 | \$801.39 | \$274.00 | \$1,328.78 | \$1,602.78 |
| | \$29,501 - \$44,600 | 2 M | \$139.50 | \$661.89 | \$801.39 | \$279.00 | \$1,323.78 | \$1,602.78 |
| | \$44,601 - \$59,300 | 3 M | \$140.75 | \$660.64 | \$801.39 | \$281.50 | \$1,321.28 | \$1,602.78 |
| | \$59,301 - \$74,300 | 4 M | \$142.00 | \$659.39 | \$801.39 | \$284.00 | \$1,318.78 | \$1,602.78 |
| | \$74,301 and Over | 5 M | \$143.25 | \$658.14 | \$801.39 | \$286.50 | \$1,316.28 | \$1,602.78 |
| Member Plus 1 Medicare Primary Dependent | \$29,500 or Less | 1 N | \$95.00 | \$425.22 | \$520.22 | \$190.00 | \$850.44 | \$1,040.44 |
| | \$29,501 - \$44,600 | 2 N | \$97.50 | \$422.72 | \$520.22 | \$195.00 | \$845.44 | \$1,040.44 |
| | \$44,601 - \$59,300 | 3 N | \$98.75 | \$421.47 | \$520.22 | \$197.50 | \$842.94 | \$1,040.44 |
| | \$59,301 - \$74,300 | 4 N | \$100.00 | \$420.22 | \$520.22 | \$200.00 | \$840.44 | \$1,040.44 |
| | \$74,301 and Over | 5 N | \$101.25 | \$418.97 | \$520.22 | \$202.50 | \$837.94 | \$1,040.44 |
| Member Plus 2 or More Medicare Primary Dependents | \$29,500 or Less | 1 O | \$125.50 | \$675.89 | \$801.39 | \$251.00 | \$1,351.78 | \$1,602.78 |
| | \$29,501 - \$44,600 | 2 O | \$128.00 | \$673.39 | \$801.39 | \$256.00 | \$1,346.78 | \$1,602.78 |
| | \$44,601 - \$59,300 | 3 O | \$129.25 | \$672.14 | \$801.39 | \$258.50 | \$1,344.28 | \$1,602.78 |
| | \$59,301 - \$74,300 | 4 O | \$130.50 | \$670.89 | \$801.39 | \$261.00 | \$1,341.78 | \$1,602.78 |
| | \$74,301 and Over | 5 O | \$131.75 | \$669.64 | \$801.39 | \$263.50 | \$1,339.28 | \$1,602.78 |

Fiscal Year 2008 and 2009 (BCP1)
Quality Care Health Plan - D3
Effective July 1, 2007 - December 31, 2008

11/18/2008

| <u><i>Retiree/Annuitants/Survivors(Non Medicare)</i></u> | <u><i>Semi-Monthly Rates</i></u> | | <u><i>Monthly Rates</i></u> |
|--|----------------------------------|---------------|-----------------------------|
| | | <u>MEMBER</u> | <u>MEMBER</u> |
| Member Only | 6 A | \$0.00 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$92.00 | \$184.00 |
| Member Plus 2 or More Dependents | 6 C | \$107.00 | \$214.00 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$65.00 | \$130.00 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$95.50 | \$191.00 |
| | | | |
| <u><i>Retiree/Annuitants/Survivors(Medicare)</i></u> | <u><i>Semi-Monthly Rates</i></u> | | <u><i>Monthly Rates</i></u> |
| | | <u>MEMBER</u> | <u>MEMBER</u> |
| Member Only | 6 F | \$0.00 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$92.00 | \$184.00 |
| Member Plus 2 or More Dependents | 6 H | \$107.00 | \$214.00 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$65.00 | \$130.00 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$95.50 | \$191.00 |

Ending Section for : **Quality Care Health Plan**

Fiscal Year 2008 and 2009 (BCP1)
Quality Care W/No Access - D1
Effective July 1, 2007 - December 31, 2008

11/18/2008

| State Active Member | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | | |
|--|----------------------------------|-----|----------------------|-----------------------------|---------------------|----------------------|---------------------|---------------------|
| | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | \$29,500 or Less | 1 K | \$17.50 | \$208.29 | \$225.79 | \$35.00 | \$416.58 | \$451.58 |
| | \$29,501 - \$44,600 | 2 K | \$20.00 | \$205.79 | \$225.79 | \$40.00 | \$411.58 | \$451.58 |
| | \$44,601 - \$59,300 | 3 K | \$21.25 | \$204.54 | \$225.79 | \$42.50 | \$409.08 | \$451.58 |
| | \$59,301 - \$74,300 | 4 K | \$22.50 | \$203.29 | \$225.79 | \$45.00 | \$406.58 | \$451.58 |
| | \$74,301 and Over | 5 K | \$23.75 | \$202.04 | \$225.79 | \$47.50 | \$404.08 | \$451.58 |
| Member Plus 1 Non Medicare Dependent | \$29,500 or Less | 1 L | \$57.89 | \$365.09 | \$422.98 | \$115.78 | \$730.18 | \$845.96 |
| | \$29,501 - \$44,600 | 2 L | \$60.39 | \$362.59 | \$422.98 | \$120.78 | \$725.18 | \$845.96 |
| | \$44,601 - \$59,300 | 3 L | \$61.64 | \$361.34 | \$422.98 | \$123.28 | \$722.68 | \$845.96 |
| | \$59,301 - \$74,300 | 4 L | \$62.89 | \$360.09 | \$422.98 | \$125.78 | \$720.18 | \$845.96 |
| | \$74,301 and Over | 5 L | \$64.14 | \$358.84 | \$422.98 | \$128.28 | \$717.68 | \$845.96 |
| Member Plus 2 or More Dependents | \$29,500 or Less | 1 M | \$76.97 | \$482.85 | \$559.82 | \$153.94 | \$965.70 | \$1,119.64 |
| | \$29,501 - \$44,600 | 2 M | \$79.47 | \$480.35 | \$559.82 | \$158.94 | \$960.70 | \$1,119.64 |
| | \$44,601 - \$59,300 | 3 M | \$80.72 | \$479.10 | \$559.82 | \$161.44 | \$958.20 | \$1,119.64 |
| | \$59,301 - \$74,300 | 4 M | \$81.97 | \$477.85 | \$559.82 | \$163.94 | \$955.70 | \$1,119.64 |
| | \$74,301 and Over | 5 M | \$83.22 | \$476.60 | \$559.82 | \$166.44 | \$953.20 | \$1,119.64 |
| Member Plus 1 Medicare Primary Dependent | \$29,500 or Less | 1 N | \$55.83 | \$321.39 | \$377.22 | \$111.66 | \$642.78 | \$754.44 |
| | \$29,501 - \$44,600 | 2 N | \$58.33 | \$318.89 | \$377.22 | \$116.66 | \$637.78 | \$754.44 |
| | \$44,601 - \$59,300 | 3 N | \$59.58 | \$317.64 | \$377.22 | \$119.16 | \$635.28 | \$754.44 |
| | \$59,301 - \$74,300 | 4 N | \$60.83 | \$316.39 | \$377.22 | \$121.66 | \$632.78 | \$754.44 |
| | \$74,301 and Over | 5 N | \$62.08 | \$315.14 | \$377.22 | \$124.16 | \$630.28 | \$754.44 |
| Member Plus 2 or More Medicare Primary Dependents | \$29,500 or Less | 1 O | \$76.97 | \$482.85 | \$559.82 | \$153.94 | \$965.70 | \$1,119.64 |
| | \$29,501 - \$44,600 | 2 O | \$79.47 | \$480.35 | \$559.82 | \$158.94 | \$960.70 | \$1,119.64 |
| | \$44,601 - \$59,300 | 3 O | \$80.72 | \$479.10 | \$559.82 | \$161.44 | \$958.20 | \$1,119.64 |
| | \$59,301 - \$74,300 | 4 O | \$81.97 | \$477.85 | \$559.82 | \$163.94 | \$955.70 | \$1,119.64 |
| | \$74,301 and Over | 5 O | \$83.22 | \$476.60 | \$559.82 | \$166.44 | \$953.20 | \$1,119.64 |

Ending Section for : Quality Care W/No Access

Fiscal Year 2008 and 2009 (BCP1)

Date 11/18/2008 3:06:51 PM

Health Alliance HMO - AH

Effective July 1, 2007 - December 31, 2008

| <i>State Active Member</i> | <u>Semi-Monthly Rates</u> | | | | | <u>Monthly Rates</u> | | |
|--|---------------------------|-----|---------------|--------------|--------------|----------------------|--------------|--------------|
| | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | \$29,500 or Less | 1 K | \$17.50 | \$213.45 | \$230.95 | \$35.00 | \$426.90 | \$461.90 |
| | \$29,501 - \$44,600 | 2 K | \$20.00 | \$210.95 | \$230.95 | \$40.00 | \$421.90 | \$461.90 |
| | \$44,601 - \$59,300 | 3 K | \$21.25 | \$209.70 | \$230.95 | \$42.50 | \$419.40 | \$461.90 |
| | \$59,301 - \$74,300 | 4 K | \$22.50 | \$208.45 | \$230.95 | \$45.00 | \$416.90 | \$461.90 |
| | \$74,301 and Over | 5 K | \$23.75 | \$207.20 | \$230.95 | \$47.50 | \$414.40 | \$461.90 |
| Member Plus 1 Non Medicare Dependent | \$29,500 or Less | 1 L | \$58.50 | \$370.96 | \$429.46 | \$117.00 | \$741.92 | \$858.92 |
| | \$29,501 - \$44,600 | 2 L | \$61.00 | \$368.46 | \$429.46 | \$122.00 | \$736.92 | \$858.92 |
| | \$44,601 - \$59,300 | 3 L | \$62.25 | \$367.21 | \$429.46 | \$124.50 | \$734.42 | \$858.92 |
| | \$59,301 - \$74,300 | 4 L | \$63.50 | \$365.96 | \$429.46 | \$127.00 | \$731.92 | \$858.92 |
| | \$74,301 and Over | 5 L | \$64.75 | \$364.71 | \$429.46 | \$129.50 | \$729.42 | \$858.92 |
| Member Plus 2 or More Dependents | \$29,500 or Less | 1 M | \$78.00 | \$494.37 | \$572.37 | \$156.00 | \$988.74 | \$1,144.74 |
| | \$29,501 - \$44,600 | 2 M | \$80.50 | \$491.87 | \$572.37 | \$161.00 | \$983.74 | \$1,144.74 |
| | \$44,601 - \$59,300 | 3 M | \$81.75 | \$490.62 | \$572.37 | \$163.50 | \$981.24 | \$1,144.74 |
| | \$59,301 - \$74,300 | 4 M | \$83.00 | \$489.37 | \$572.37 | \$166.00 | \$978.74 | \$1,144.74 |
| | \$74,301 and Over | 5 M | \$84.25 | \$488.12 | \$572.37 | \$168.50 | \$976.24 | \$1,144.74 |
| Member Plus 1 Medicare Primary Dependent | \$29,500 or Less | 1 N | \$56.00 | \$328.78 | \$384.78 | \$112.00 | \$657.56 | \$769.56 |
| | \$29,501 - \$44,600 | 2 N | \$58.50 | \$326.28 | \$384.78 | \$117.00 | \$652.56 | \$769.56 |
| | \$44,601 - \$59,300 | 3 N | \$59.75 | \$325.03 | \$384.78 | \$119.50 | \$650.06 | \$769.56 |
| | \$59,301 - \$74,300 | 4 N | \$61.00 | \$323.78 | \$384.78 | \$122.00 | \$647.56 | \$769.56 |
| | \$74,301 and Over | 5 N | \$62.25 | \$322.53 | \$384.78 | \$124.50 | \$645.06 | \$769.56 |
| Member Plus 2 or More Medicare Primary Dependents | \$29,500 or Less | 1 O | \$78.00 | \$494.37 | \$572.37 | \$156.00 | \$988.74 | \$1,144.74 |
| | \$29,501 - \$44,600 | 2 O | \$80.50 | \$491.87 | \$572.37 | \$161.00 | \$983.74 | \$1,144.74 |
| | \$44,601 - \$59,300 | 3 O | \$81.75 | \$490.62 | \$572.37 | \$163.50 | \$981.24 | \$1,144.74 |
| | \$59,301 - \$74,300 | 4 O | \$83.00 | \$489.37 | \$572.37 | \$166.00 | \$978.74 | \$1,144.74 |
| | \$74,301 and Over | 5 O | \$84.25 | \$488.12 | \$572.37 | \$168.50 | \$976.24 | \$1,144.74 |

Fiscal Year 2008 and 2009 (BCP1)
Health Alliance HMO - AH
Effective July 1, 2007 - December 31, 2008

Date 11/18/2008 3:06:51 PM

| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|--|----------------------------------|---------------------|---------------------|-----------------------------|---------------------|---------------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$345.07 | \$345.07 | \$0.00 | \$690.14 | \$690.14 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$41.00 | \$502.58 | \$543.58 | \$82.00 | \$1,005.16 | \$1,087.16 |
| Member Plus 2 or More Dependents | 6 C | \$60.50 | \$625.99 | \$686.49 | \$121.00 | \$1,251.98 | \$1,372.98 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$38.50 | \$460.40 | \$498.90 | \$77.00 | \$920.80 | \$997.80 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$60.50 | \$625.99 | \$686.49 | \$121.00 | \$1,251.98 | \$1,372.98 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$149.90 | \$149.90 | \$0.00 | \$299.80 | \$299.80 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$41.00 | \$307.41 | \$348.41 | \$82.00 | \$614.82 | \$696.82 |
| Member Plus 2 or More Dependents | 6 H | \$60.50 | \$430.82 | \$491.32 | \$121.00 | \$861.64 | \$982.64 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$38.50 | \$265.23 | \$303.73 | \$77.00 | \$530.46 | \$607.46 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$60.50 | \$430.82 | \$491.32 | \$121.00 | \$861.64 | \$982.64 |

Ending Section for : **Health Alliance HMO**

Fiscal Year 2008 and 2009 (BCP1)
Health Alliance Illinois - BS
Effective July 1, 2007 - December 31, 2008

Date 11/18/2008 3:06:51 PM

| <i>State Active Member</i> | <u>Semi-Monthly Rates</u> | | | | | <u>Monthly Rates</u> | | |
|--|----------------------------------|-----|----------------------|---------------------|---------------------|-----------------------------|---------------------|---------------------|
| | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | \$29,500 or Less | 1 K | \$17.50 | \$255.10 | \$272.60 | \$35.00 | \$510.20 | \$545.20 |
| | \$29,501 - \$44,600 | 2 K | \$20.00 | \$252.60 | \$272.60 | \$40.00 | \$505.20 | \$545.20 |
| | \$44,601 - \$59,300 | 3 K | \$21.25 | \$251.35 | \$272.60 | \$42.50 | \$502.70 | \$545.20 |
| | \$59,301 - \$74,300 | 4 K | \$22.50 | \$250.10 | \$272.60 | \$45.00 | \$500.20 | \$545.20 |
| | \$74,301 and Over | 5 K | \$23.75 | \$248.85 | \$272.60 | \$47.50 | \$497.70 | \$545.20 |
| Member Plus 1 Non Medicare Dependent | \$29,500 or Less | 1 L | \$63.00 | \$443.10 | \$506.10 | \$126.00 | \$886.20 | \$1,012.20 |
| | \$29,501 - \$44,600 | 2 L | \$65.50 | \$440.60 | \$506.10 | \$131.00 | \$881.20 | \$1,012.20 |
| | \$44,601 - \$59,300 | 3 L | \$66.75 | \$439.35 | \$506.10 | \$133.50 | \$878.70 | \$1,012.20 |
| | \$59,301 - \$74,300 | 4 L | \$68.00 | \$438.10 | \$506.10 | \$136.00 | \$876.20 | \$1,012.20 |
| | \$74,301 and Over | 5 L | \$69.25 | \$436.85 | \$506.10 | \$138.50 | \$873.70 | \$1,012.20 |
| Member Plus 2 or More Dependents | \$29,500 or Less | 1 M | \$84.00 | \$590.00 | \$674.00 | \$168.00 | \$1,180.00 | \$1,348.00 |
| | \$29,501 - \$44,600 | 2 M | \$86.50 | \$587.50 | \$674.00 | \$173.00 | \$1,175.00 | \$1,348.00 |
| | \$44,601 - \$59,300 | 3 M | \$87.75 | \$586.25 | \$674.00 | \$175.50 | \$1,172.50 | \$1,348.00 |
| | \$59,301 - \$74,300 | 4 M | \$89.00 | \$585.00 | \$674.00 | \$178.00 | \$1,170.00 | \$1,348.00 |
| | \$74,301 and Over | 5 M | \$90.25 | \$583.75 | \$674.00 | \$180.50 | \$1,167.50 | \$1,348.00 |
| Member Plus 1 Medicare Primary Dependent | \$29,500 or Less | 1 N | \$61.50 | \$392.01 | \$453.51 | \$123.00 | \$784.02 | \$907.02 |
| | \$29,501 - \$44,600 | 2 N | \$64.00 | \$389.51 | \$453.51 | \$128.00 | \$779.02 | \$907.02 |
| | \$44,601 - \$59,300 | 3 N | \$65.25 | \$388.26 | \$453.51 | \$130.50 | \$776.52 | \$907.02 |
| | \$59,301 - \$74,300 | 4 N | \$66.50 | \$387.01 | \$453.51 | \$133.00 | \$774.02 | \$907.02 |
| | \$74,301 and Over | 5 N | \$67.75 | \$385.76 | \$453.51 | \$135.50 | \$771.52 | \$907.02 |
| Member Plus 2 or More Medicare Primary Dependents | \$29,500 or Less | 1 O | \$84.00 | \$590.00 | \$674.00 | \$168.00 | \$1,180.00 | \$1,348.00 |
| | \$29,501 - \$44,600 | 2 O | \$86.50 | \$587.50 | \$674.00 | \$173.00 | \$1,175.00 | \$1,348.00 |
| | \$44,601 - \$59,300 | 3 O | \$87.75 | \$586.25 | \$674.00 | \$175.50 | \$1,172.50 | \$1,348.00 |
| | \$59,301 - \$74,300 | 4 O | \$89.00 | \$585.00 | \$674.00 | \$178.00 | \$1,170.00 | \$1,348.00 |
| | \$74,301 and Over | 5 O | \$90.25 | \$583.75 | \$674.00 | \$180.50 | \$1,167.50 | \$1,348.00 |

Fiscal Year 2008 and 2009 (BCP1)
Health Alliance Illinois - BS
 Effective July 1, 2007 - December 31, 2008

Date 11/18/2008 3:06:51 PM

| <u><i>Retiree/Annuitants/Survivors(Non Medicare)</i></u> | <u><i>Semi-Monthly Rates</i></u> | | | <u><i>Monthly Rates</i></u> | | | |
|--|----------------------------------|--------------|--------------|-----------------------------|--------------|--------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$406.71 | \$406.71 | \$0.00 | \$813.42 | \$813.42 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$45.50 | \$594.71 | \$640.21 | \$91.00 | \$1,189.42 | \$1,280.42 |
| Member Plus 2 or More Dependents | 6 C | \$66.50 | \$741.61 | \$808.11 | \$133.00 | \$1,483.22 | \$1,616.22 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$44.00 | \$543.62 | \$587.62 | \$88.00 | \$1,087.24 | \$1,175.24 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$66.50 | \$741.61 | \$808.11 | \$133.00 | \$1,483.22 | \$1,616.22 |
| <u><i>Retiree/Annuitants/Survivors(Medicare)</i></u> | <u><i>Semi-Monthly Rates</i></u> | | | <u><i>Monthly Rates</i></u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$176.97 | \$176.97 | \$0.00 | \$353.94 | \$353.94 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$45.50 | \$364.97 | \$410.47 | \$91.00 | \$729.94 | \$820.94 |
| Member Plus 2 or More Dependents | 6 H | \$66.50 | \$511.87 | \$578.37 | \$133.00 | \$1,023.74 | \$1,156.74 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$44.00 | \$313.88 | \$357.88 | \$88.00 | \$627.76 | \$715.76 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$66.50 | \$511.87 | \$578.37 | \$133.00 | \$1,023.74 | \$1,156.74 |

Ending Section for : **Health Alliance Illinois**

Fiscal Year 2008 and 2009 (BCP1)
HealthLink Open Access - CF
Effective July 1, 2007 - December 31, 2008

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| <i>State Active Member</i> | <u>Semi-Monthly Rates</u> | | | | | <u>Monthly Rates</u> | | |
|--|---------------------------|-----|---------------|--------------|--------------|----------------------|--------------|--------------|
| | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | \$29,500 or Less | 1 K | \$17.50 | \$248.42 | \$265.92 | \$35.00 | \$496.84 | \$531.84 |
| | \$29,501 - \$44,600 | 2 K | \$20.00 | \$245.92 | \$265.92 | \$40.00 | \$491.84 | \$531.84 |
| | \$44,601 - \$59,300 | 3 K | \$21.25 | \$244.67 | \$265.92 | \$42.50 | \$489.34 | \$531.84 |
| | \$59,301 - \$74,300 | 4 K | \$22.50 | \$243.42 | \$265.92 | \$45.00 | \$486.84 | \$531.84 |
| | \$74,301 and Over | 5 K | \$23.75 | \$242.17 | \$265.92 | \$47.50 | \$484.34 | \$531.84 |
| Member Plus 1 Non Medicare Dependent | \$29,500 or Less | 1 L | \$64.00 | \$429.81 | \$493.81 | \$128.00 | \$859.62 | \$987.62 |
| | \$29,501 - \$44,600 | 2 L | \$66.50 | \$427.31 | \$493.81 | \$133.00 | \$854.62 | \$987.62 |
| | \$44,601 - \$59,300 | 3 L | \$67.75 | \$426.06 | \$493.81 | \$135.50 | \$852.12 | \$987.62 |
| | \$59,301 - \$74,300 | 4 L | \$69.00 | \$424.81 | \$493.81 | \$138.00 | \$849.62 | \$987.62 |
| | \$74,301 and Over | 5 L | \$70.25 | \$423.56 | \$493.81 | \$140.50 | \$847.12 | \$987.62 |
| Member Plus 2 or More Dependents | \$29,500 or Less | 1 M | \$86.00 | \$571.70 | \$657.70 | \$172.00 | \$1,143.40 | \$1,315.40 |
| | \$29,501 - \$44,600 | 2 M | \$88.50 | \$569.20 | \$657.70 | \$177.00 | \$1,138.40 | \$1,315.40 |
| | \$44,601 - \$59,300 | 3 M | \$89.75 | \$567.95 | \$657.70 | \$179.50 | \$1,135.90 | \$1,315.40 |
| | \$59,301 - \$74,300 | 4 M | \$91.00 | \$566.70 | \$657.70 | \$182.00 | \$1,133.40 | \$1,315.40 |
| | \$74,301 and Over | 5 M | \$92.25 | \$565.45 | \$657.70 | \$184.50 | \$1,130.90 | \$1,315.40 |
| Member Plus 1 Medicare Primary Dependent | \$29,500 or Less | 1 N | \$62.50 | \$379.98 | \$442.48 | \$125.00 | \$759.96 | \$884.96 |
| | \$29,501 - \$44,600 | 2 N | \$65.00 | \$377.48 | \$442.48 | \$130.00 | \$754.96 | \$884.96 |
| | \$44,601 - \$59,300 | 3 N | \$66.25 | \$376.23 | \$442.48 | \$132.50 | \$752.46 | \$884.96 |
| | \$59,301 - \$74,300 | 4 N | \$67.50 | \$374.98 | \$442.48 | \$135.00 | \$749.96 | \$884.96 |
| | \$74,301 and Over | 5 N | \$68.75 | \$373.73 | \$442.48 | \$137.50 | \$747.46 | \$884.96 |
| Member Plus 2 or More Medicare Primary Dependents | \$29,500 or Less | 1 O | \$86.00 | \$571.70 | \$657.70 | \$172.00 | \$1,143.40 | \$1,315.40 |
| | \$29,501 - \$44,600 | 2 O | \$88.50 | \$569.20 | \$657.70 | \$177.00 | \$1,138.40 | \$1,315.40 |
| | \$44,601 - \$59,300 | 3 O | \$89.75 | \$567.95 | \$657.70 | \$179.50 | \$1,135.90 | \$1,315.40 |
| | \$59,301 - \$74,300 | 4 O | \$91.00 | \$566.70 | \$657.70 | \$182.00 | \$1,133.40 | \$1,315.40 |
| | \$74,301 and Over | 5 O | \$92.25 | \$565.45 | \$657.70 | \$184.50 | \$1,130.90 | \$1,315.40 |

Fiscal Year 2008 and 2009 (BCP1)
HealthLink Open Access - CF
 Effective July 1, 2007 - December 31, 2008

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| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|--|----------------------------------|---------------------|---------------------|-----------------------------|---------------------|---------------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$396.82 | \$396.82 | \$0.00 | \$793.64 | \$793.64 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$46.50 | \$578.21 | \$624.71 | \$93.00 | \$1,156.42 | \$1,249.42 |
| Member Plus 2 or More Dependents | 6 C | \$68.50 | \$720.10 | \$788.60 | \$137.00 | \$1,440.20 | \$1,577.20 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$45.00 | \$528.38 | \$573.38 | \$90.00 | \$1,056.76 | \$1,146.76 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$68.50 | \$720.10 | \$788.60 | \$137.00 | \$1,440.20 | \$1,577.20 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$172.63 | \$172.63 | \$0.00 | \$345.26 | \$345.26 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$46.50 | \$354.02 | \$400.52 | \$93.00 | \$708.04 | \$801.04 |
| Member Plus 2 or More Dependents | 6 H | \$68.50 | \$495.91 | \$564.41 | \$137.00 | \$991.82 | \$1,128.82 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$45.00 | \$304.19 | \$349.19 | \$90.00 | \$608.38 | \$698.38 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$68.50 | \$495.91 | \$564.41 | \$137.00 | \$991.82 | \$1,128.82 |

Ending Section for : **HealthLink Open Access**

Fiscal Year 2008 and 2009 (BCP1)

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HMO Illinois - BY

Effective July 1, 2007 - December 31, 2008

| State Active Member | | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
|--|---------------------|-----|----------------------------------|---------------------|---------------------|-----------------------------|---------------------|---------------------|
| | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | \$29,500 or Less | 1 K | \$17.50 | \$172.29 | \$189.79 | \$35.00 | \$344.58 | \$379.58 |
| | \$29,501 - \$44,600 | 2 K | \$20.00 | \$169.79 | \$189.79 | \$40.00 | \$339.58 | \$379.58 |
| | \$44,601 - \$59,300 | 3 K | \$21.25 | \$168.54 | \$189.79 | \$42.50 | \$337.08 | \$379.58 |
| | \$59,301 - \$74,300 | 4 K | \$22.50 | \$167.29 | \$189.79 | \$45.00 | \$334.58 | \$379.58 |
| | \$74,301 and Over | 5 K | \$23.75 | \$166.04 | \$189.79 | \$47.50 | \$332.08 | \$379.58 |
| Member Plus 1 Non Medicare Dependent | \$29,500 or Less | 1 L | \$53.00 | \$300.72 | \$353.72 | \$106.00 | \$601.44 | \$707.44 |
| | \$29,501 - \$44,600 | 2 L | \$55.50 | \$298.22 | \$353.72 | \$111.00 | \$596.44 | \$707.44 |
| | \$44,601 - \$59,300 | 3 L | \$56.75 | \$296.97 | \$353.72 | \$113.50 | \$593.94 | \$707.44 |
| | \$59,301 - \$74,300 | 4 L | \$58.00 | \$295.72 | \$353.72 | \$116.00 | \$591.44 | \$707.44 |
| | \$74,301 and Over | 5 L | \$59.25 | \$294.47 | \$353.72 | \$118.50 | \$588.94 | \$707.44 |
| Member Plus 2 or More Dependents | \$29,500 or Less | 1 M | \$69.50 | \$402.44 | \$471.94 | \$139.00 | \$804.88 | \$943.88 |
| | \$29,501 - \$44,600 | 2 M | \$72.00 | \$399.94 | \$471.94 | \$144.00 | \$799.88 | \$943.88 |
| | \$44,601 - \$59,300 | 3 M | \$73.25 | \$398.69 | \$471.94 | \$146.50 | \$797.38 | \$943.88 |
| | \$59,301 - \$74,300 | 4 M | \$74.50 | \$397.44 | \$471.94 | \$149.00 | \$794.88 | \$943.88 |
| | \$74,301 and Over | 5 M | \$75.75 | \$396.19 | \$471.94 | \$151.50 | \$792.38 | \$943.88 |
| Member Plus 1 Medicare Primary Dependent | \$29,500 or Less | 1 N | \$51.00 | \$265.87 | \$316.87 | \$102.00 | \$531.74 | \$633.74 |
| | \$29,501 - \$44,600 | 2 N | \$53.50 | \$263.37 | \$316.87 | \$107.00 | \$526.74 | \$633.74 |
| | \$44,601 - \$59,300 | 3 N | \$54.75 | \$262.12 | \$316.87 | \$109.50 | \$524.24 | \$633.74 |
| | \$59,301 - \$74,300 | 4 N | \$56.00 | \$260.87 | \$316.87 | \$112.00 | \$521.74 | \$633.74 |
| | \$74,301 and Over | 5 N | \$57.25 | \$259.62 | \$316.87 | \$114.50 | \$519.24 | \$633.74 |
| Member Plus 2 or More Medicare Primary Dependents | \$29,500 or Less | 1 O | \$69.50 | \$402.44 | \$471.94 | \$139.00 | \$804.88 | \$943.88 |
| | \$29,501 - \$44,600 | 2 O | \$72.00 | \$399.94 | \$471.94 | \$144.00 | \$799.88 | \$943.88 |
| | \$44,601 - \$59,300 | 3 O | \$73.25 | \$398.69 | \$471.94 | \$146.50 | \$797.38 | \$943.88 |
| | \$59,301 - \$74,300 | 4 O | \$74.50 | \$397.44 | \$471.94 | \$149.00 | \$794.88 | \$943.88 |
| | \$74,301 and Over | 5 O | \$75.75 | \$396.19 | \$471.94 | \$151.50 | \$792.38 | \$943.88 |

Fiscal Year 2008 and 2009 (BCP1)

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HMO Illinois - BY

Effective July 1, 2007 - December 31, 2008

| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|---|---------------------------|--------------|--------------|----------------------|--------------|--------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$284.15 | \$284.15 | \$0.00 | \$568.30 | \$568.30 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$35.50 | \$412.58 | \$448.08 | \$71.00 | \$825.16 | \$896.16 |
| Member Plus 2 or More Dependents | 6 C | \$52.00 | \$514.30 | \$566.30 | \$104.00 | \$1,028.60 | \$1,132.60 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$33.50 | \$377.73 | \$411.23 | \$67.00 | \$755.46 | \$822.46 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$52.00 | \$514.30 | \$566.30 | \$104.00 | \$1,028.60 | \$1,132.60 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$123.15 | \$123.15 | \$0.00 | \$246.30 | \$246.30 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$35.50 | \$251.58 | \$287.08 | \$71.00 | \$503.16 | \$574.16 |
| Member Plus 2 or More Dependents | 6 H | \$52.00 | \$353.30 | \$405.30 | \$104.00 | \$706.60 | \$810.60 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$33.50 | \$216.73 | \$250.23 | \$67.00 | \$433.46 | \$500.46 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$52.00 | \$353.30 | \$405.30 | \$104.00 | \$706.60 | \$810.60 |

Ending Section for : HMO Illinois

Fiscal Year 2008 and 2009 (BCP1)

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OSF Health Plan - CA

Effective July 1, 2007 - December 31, 2008

| <i>State Active Member</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | | |
|--|---------------------------|---------------|--------------|----------------------|---------------|--------------|--------------|------------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | \$29,500 or Less | 1 K | \$17.50 | \$226.28 | \$243.78 | \$35.00 | \$452.56 | \$487.56 |
| | \$29,501 - \$44,600 | 2 K | \$20.00 | \$223.78 | \$243.78 | \$40.00 | \$447.56 | \$487.56 |
| | \$44,601 - \$59,300 | 3 K | \$21.25 | \$222.53 | \$243.78 | \$42.50 | \$445.06 | \$487.56 |
| | \$59,301 - \$74,300 | 4 K | \$22.50 | \$221.28 | \$243.78 | \$45.00 | \$442.56 | \$487.56 |
| | \$74,301 and Over | 5 K | \$23.75 | \$220.03 | \$243.78 | \$47.50 | \$440.06 | \$487.56 |
| Member Plus 1 Non Medicare Dependent | \$29,500 or Less | 1 L | \$57.50 | \$395.56 | \$453.06 | \$115.00 | \$791.12 | \$906.12 |
| | \$29,501 - \$44,600 | 2 L | \$60.00 | \$393.06 | \$453.06 | \$120.00 | \$786.12 | \$906.12 |
| | \$44,601 - \$59,300 | 3 L | \$61.25 | \$391.81 | \$453.06 | \$122.50 | \$783.62 | \$906.12 |
| | \$59,301 - \$74,300 | 4 L | \$62.50 | \$390.56 | \$453.06 | \$125.00 | \$781.12 | \$906.12 |
| | \$74,301 and Over | 5 L | \$63.75 | \$389.31 | \$453.06 | \$127.50 | \$778.62 | \$906.12 |
| Member Plus 2 or More Dependents | \$29,500 or Less | 1 M | \$76.50 | \$527.18 | \$603.68 | \$153.00 | \$1,054.36 | \$1,207.36 |
| | \$29,501 - \$44,600 | 2 M | \$79.00 | \$524.68 | \$603.68 | \$158.00 | \$1,049.36 | \$1,207.36 |
| | \$44,601 - \$59,300 | 3 M | \$80.25 | \$523.43 | \$603.68 | \$160.50 | \$1,046.86 | \$1,207.36 |
| | \$59,301 - \$74,300 | 4 M | \$81.50 | \$522.18 | \$603.68 | \$163.00 | \$1,044.36 | \$1,207.36 |
| | \$74,301 and Over | 5 M | \$82.75 | \$520.93 | \$603.68 | \$165.50 | \$1,041.86 | \$1,207.36 |
| Member Plus 1 Medicare Primary Dependent | \$29,500 or Less | 1 N | \$56.00 | \$349.95 | \$405.95 | \$112.00 | \$699.90 | \$811.90 |
| | \$29,501 - \$44,600 | 2 N | \$58.50 | \$347.45 | \$405.95 | \$117.00 | \$694.90 | \$811.90 |
| | \$44,601 - \$59,300 | 3 N | \$59.75 | \$346.20 | \$405.95 | \$119.50 | \$692.40 | \$811.90 |
| | \$59,301 - \$74,300 | 4 N | \$61.00 | \$344.95 | \$405.95 | \$122.00 | \$689.90 | \$811.90 |
| | \$74,301 and Over | 5 N | \$62.25 | \$343.70 | \$405.95 | \$124.50 | \$687.40 | \$811.90 |
| Member Plus 2 or More Medicare Primary Dependents | \$29,500 or Less | 1 O | \$76.50 | \$527.18 | \$603.68 | \$153.00 | \$1,054.36 | \$1,207.36 |
| | \$29,501 - \$44,600 | 2 O | \$79.00 | \$524.68 | \$603.68 | \$158.00 | \$1,049.36 | \$1,207.36 |
| | \$44,601 - \$59,300 | 3 O | \$80.25 | \$523.43 | \$603.68 | \$160.50 | \$1,046.86 | \$1,207.36 |
| | \$59,301 - \$74,300 | 4 O | \$81.50 | \$522.18 | \$603.68 | \$163.00 | \$1,044.36 | \$1,207.36 |
| | \$74,301 and Over | 5 O | \$82.75 | \$520.93 | \$603.68 | \$165.50 | \$1,041.86 | \$1,207.36 |

Fiscal Year 2008 and 2009 (BCP1)

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OSF Health Plan - CA

Effective July 1, 2007 - December 31, 2008

| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|---|---------------------------|--------------|--------------|----------------------|--------------|--------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$364.05 | \$364.05 | \$0.00 | \$728.10 | \$728.10 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$40.00 | \$533.33 | \$573.33 | \$80.00 | \$1,066.66 | \$1,146.66 |
| Member Plus 2 or More Dependents | 6 C | \$59.00 | \$664.95 | \$723.95 | \$118.00 | \$1,329.90 | \$1,447.90 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$38.50 | \$487.72 | \$526.22 | \$77.00 | \$975.44 | \$1,052.44 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$59.00 | \$664.95 | \$723.95 | \$118.00 | \$1,329.90 | \$1,447.90 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$158.24 | \$158.24 | \$0.00 | \$316.48 | \$316.48 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$40.00 | \$327.52 | \$367.52 | \$80.00 | \$655.04 | \$735.04 |
| Member Plus 2 or More Dependents | 6 H | \$59.00 | \$459.14 | \$518.14 | \$118.00 | \$918.28 | \$1,036.28 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$38.50 | \$281.91 | \$320.41 | \$77.00 | \$563.82 | \$640.82 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$59.00 | \$459.14 | \$518.14 | \$118.00 | \$918.28 | \$1,036.28 |

***Ending Section for :* OSF Health Plan**

Fiscal Year 2008 and 2009 (BCP1)

Date 11/18/2008 3:06:51 PM

OSF Winnebago - CE

Effective July 1, 2007 - December 31, 2008

| <i>State Active Member</i> | <u>Semi-Monthly Rates</u> | | | | | <u>Monthly Rates</u> | | |
|--|---------------------------|-----|---------------|--------------|--------------|----------------------|--------------|--------------|
| | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | \$29,500 or Less | 1 K | \$17.50 | \$249.22 | \$266.72 | \$35.00 | \$498.44 | \$533.44 |
| | \$29,501 - \$44,600 | 2 K | \$20.00 | \$246.72 | \$266.72 | \$40.00 | \$493.44 | \$533.44 |
| | \$44,601 - \$59,300 | 3 K | \$21.25 | \$245.47 | \$266.72 | \$42.50 | \$490.94 | \$533.44 |
| | \$59,301 - \$74,300 | 4 K | \$22.50 | \$244.22 | \$266.72 | \$45.00 | \$488.44 | \$533.44 |
| | \$74,301 and Over | 5 K | \$23.75 | \$242.97 | \$266.72 | \$47.50 | \$485.94 | \$533.44 |
| Member Plus 1 Non Medicare Dependent | \$29,500 or Less | 1 L | \$65.00 | \$430.28 | \$495.28 | \$130.00 | \$860.56 | \$990.56 |
| | \$29,501 - \$44,600 | 2 L | \$67.50 | \$427.78 | \$495.28 | \$135.00 | \$855.56 | \$990.56 |
| | \$44,601 - \$59,300 | 3 L | \$68.75 | \$426.53 | \$495.28 | \$137.50 | \$853.06 | \$990.56 |
| | \$59,301 - \$74,300 | 4 L | \$70.00 | \$425.28 | \$495.28 | \$140.00 | \$850.56 | \$990.56 |
| | \$74,301 and Over | 5 L | \$71.25 | \$424.03 | \$495.28 | \$142.50 | \$848.06 | \$990.56 |
| Member Plus 2 or More Dependents | \$29,500 or Less | 1 M | \$87.50 | \$572.15 | \$659.65 | \$175.00 | \$1,144.30 | \$1,319.30 |
| | \$29,501 - \$44,600 | 2 M | \$90.00 | \$569.65 | \$659.65 | \$180.00 | \$1,139.30 | \$1,319.30 |
| | \$44,601 - \$59,300 | 3 M | \$91.25 | \$568.40 | \$659.65 | \$182.50 | \$1,136.80 | \$1,319.30 |
| | \$59,301 - \$74,300 | 4 M | \$92.50 | \$567.15 | \$659.65 | \$185.00 | \$1,134.30 | \$1,319.30 |
| | \$74,301 and Over | 5 M | \$93.75 | \$565.90 | \$659.65 | \$187.50 | \$1,131.80 | \$1,319.30 |
| Member Plus 1 Medicare Primary Dependent | \$29,500 or Less | 1 N | \$63.50 | \$380.30 | \$443.80 | \$127.00 | \$760.60 | \$887.60 |
| | \$29,501 - \$44,600 | 2 N | \$66.00 | \$377.80 | \$443.80 | \$132.00 | \$755.60 | \$887.60 |
| | \$44,601 - \$59,300 | 3 N | \$67.25 | \$376.55 | \$443.80 | \$134.50 | \$753.10 | \$887.60 |
| | \$59,301 - \$74,300 | 4 N | \$68.50 | \$375.30 | \$443.80 | \$137.00 | \$750.60 | \$887.60 |
| | \$74,301 and Over | 5 N | \$69.75 | \$374.05 | \$443.80 | \$139.50 | \$748.10 | \$887.60 |
| Member Plus 2 or More Medicare Primary Dependents | \$29,500 or Less | 1 O | \$87.50 | \$572.15 | \$659.65 | \$175.00 | \$1,144.30 | \$1,319.30 |
| | \$29,501 - \$44,600 | 2 O | \$90.00 | \$569.65 | \$659.65 | \$180.00 | \$1,139.30 | \$1,319.30 |
| | \$44,601 - \$59,300 | 3 O | \$91.25 | \$568.40 | \$659.65 | \$182.50 | \$1,136.80 | \$1,319.30 |
| | \$59,301 - \$74,300 | 4 O | \$92.50 | \$567.15 | \$659.65 | \$185.00 | \$1,134.30 | \$1,319.30 |
| | \$74,301 and Over | 5 O | \$93.75 | \$565.90 | \$659.65 | \$187.50 | \$1,131.80 | \$1,319.30 |

Fiscal Year 2008 and 2009 (BCP1)

Date 11/18/2008 3:06:51 PM

OSF Winnebago - CE

Effective July 1, 2007 - December 31, 2008

| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|---|---------------------------|--------------|--------------|----------------------|--------------|--------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$398.00 | \$398.00 | \$0.00 | \$796.00 | \$796.00 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$47.50 | \$579.06 | \$626.56 | \$95.00 | \$1,158.12 | \$1,253.12 |
| Member Plus 2 or More Dependents | 6 C | \$70.00 | \$720.93 | \$790.93 | \$140.00 | \$1,441.86 | \$1,581.86 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$46.00 | \$529.08 | \$575.08 | \$92.00 | \$1,058.16 | \$1,150.16 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$70.00 | \$720.93 | \$790.93 | \$140.00 | \$1,441.86 | \$1,581.86 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$173.15 | \$173.15 | \$0.00 | \$346.30 | \$346.30 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$47.50 | \$354.21 | \$401.71 | \$95.00 | \$708.42 | \$803.42 |
| Member Plus 2 or More Dependents | 6 H | \$70.00 | \$496.08 | \$566.08 | \$140.00 | \$992.16 | \$1,132.16 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$46.00 | \$304.23 | \$350.23 | \$92.00 | \$608.46 | \$700.46 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$70.00 | \$496.08 | \$566.08 | \$140.00 | \$992.16 | \$1,132.16 |

Ending Section for : OSF Winnebago

Fiscal Year 2008 and 2009 (BCP1)

Date 11/18/2008 3:06:51 PM

Personal Care HMO - AS

Effective July 1, 2007 - December 31, 2008

| <i>State Active Member</i> | <u>Semi-Monthly Rates</u> | | | | | <u>Monthly Rates</u> | | |
|--|---------------------------|-----|---------------|--------------|--------------|----------------------|--------------|--------------|
| | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | \$29,500 or Less | 1 K | \$17.50 | \$201.93 | \$219.43 | \$35.00 | \$403.86 | \$438.86 |
| | \$29,501 - \$44,600 | 2 K | \$20.00 | \$199.43 | \$219.43 | \$40.00 | \$398.86 | \$438.86 |
| | \$44,601 - \$59,300 | 3 K | \$21.25 | \$198.18 | \$219.43 | \$42.50 | \$396.36 | \$438.86 |
| | \$59,301 - \$74,300 | 4 K | \$22.50 | \$196.93 | \$219.43 | \$45.00 | \$393.86 | \$438.86 |
| | \$74,301 and Over | 5 K | \$23.75 | \$195.68 | \$219.43 | \$47.50 | \$391.36 | \$438.86 |
| Member Plus 1 Non Medicare Dependent | \$29,500 or Less | 1 L | \$57.50 | \$350.76 | \$408.26 | \$115.00 | \$701.52 | \$816.52 |
| | \$29,501 - \$44,600 | 2 L | \$60.00 | \$348.26 | \$408.26 | \$120.00 | \$696.52 | \$816.52 |
| | \$44,601 - \$59,300 | 3 L | \$61.25 | \$347.01 | \$408.26 | \$122.50 | \$694.02 | \$816.52 |
| | \$59,301 - \$74,300 | 4 L | \$62.50 | \$345.76 | \$408.26 | \$125.00 | \$691.52 | \$816.52 |
| | \$74,301 and Over | 5 L | \$63.75 | \$344.51 | \$408.26 | \$127.50 | \$689.02 | \$816.52 |
| Member Plus 2 or More Dependents | \$29,500 or Less | 1 M | \$76.50 | \$467.76 | \$544.26 | \$153.00 | \$935.52 | \$1,088.52 |
| | \$29,501 - \$44,600 | 2 M | \$79.00 | \$465.26 | \$544.26 | \$158.00 | \$930.52 | \$1,088.52 |
| | \$44,601 - \$59,300 | 3 M | \$80.25 | \$464.01 | \$544.26 | \$160.50 | \$928.02 | \$1,088.52 |
| | \$59,301 - \$74,300 | 4 M | \$81.50 | \$462.76 | \$544.26 | \$163.00 | \$925.52 | \$1,088.52 |
| | \$74,301 and Over | 5 M | \$82.75 | \$461.51 | \$544.26 | \$165.50 | \$923.02 | \$1,088.52 |
| Member Plus 1 Medicare Primary Dependent | \$29,500 or Less | 1 N | \$55.50 | \$310.28 | \$365.78 | \$111.00 | \$620.56 | \$731.56 |
| | \$29,501 - \$44,600 | 2 N | \$58.00 | \$307.78 | \$365.78 | \$116.00 | \$615.56 | \$731.56 |
| | \$44,601 - \$59,300 | 3 N | \$59.25 | \$306.53 | \$365.78 | \$118.50 | \$613.06 | \$731.56 |
| | \$59,301 - \$74,300 | 4 N | \$60.50 | \$305.28 | \$365.78 | \$121.00 | \$610.56 | \$731.56 |
| | \$74,301 and Over | 5 N | \$61.75 | \$304.03 | \$365.78 | \$123.50 | \$608.06 | \$731.56 |
| Member Plus 2 or More Medicare Primary Dependents | \$29,500 or Less | 1 O | \$76.50 | \$467.76 | \$544.26 | \$153.00 | \$935.52 | \$1,088.52 |
| | \$29,501 - \$44,600 | 2 O | \$79.00 | \$465.26 | \$544.26 | \$158.00 | \$930.52 | \$1,088.52 |
| | \$44,601 - \$59,300 | 3 O | \$80.25 | \$464.01 | \$544.26 | \$160.50 | \$928.02 | \$1,088.52 |
| | \$59,301 - \$74,300 | 4 O | \$81.50 | \$462.76 | \$544.26 | \$163.00 | \$925.52 | \$1,088.52 |
| | \$74,301 and Over | 5 O | \$82.75 | \$461.51 | \$544.26 | \$165.50 | \$923.02 | \$1,088.52 |

Fisc Fiscal Year 2008 and 2009

Date 11/18/2008 3:06:51 PM

Personal Care HMO - AS

Effective July 1, 2007 - December 31, 2008

| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|--|----------------------------------|---------------------|---------------------|-----------------------------|---------------------|---------------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$328.01 | \$328.01 | \$0.00 | \$656.02 | \$656.02 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$40.00 | \$476.84 | \$516.84 | \$80.00 | \$953.68 | \$1,033.68 |
| Member Plus 2 or More Dependents | 6 C | \$59.00 | \$593.84 | \$652.84 | \$118.00 | \$1,187.68 | \$1,305.68 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$38.00 | \$436.36 | \$474.36 | \$76.00 | \$872.72 | \$948.72 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$59.00 | \$593.84 | \$652.84 | \$118.00 | \$1,187.68 | \$1,305.68 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$142.42 | \$142.42 | \$0.00 | \$284.84 | \$284.84 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$40.00 | \$291.25 | \$331.25 | \$80.00 | \$582.50 | \$662.50 |
| Member Plus 2 or More Dependents | 6 H | \$59.00 | \$408.25 | \$467.25 | \$118.00 | \$816.50 | \$934.50 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$38.00 | \$250.77 | \$288.77 | \$76.00 | \$501.54 | \$577.54 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$59.00 | \$408.25 | \$467.25 | \$118.00 | \$816.50 | \$934.50 |

Ending Section for : **Personal Care HMO**

Fiscal Year 2008 and 2009 (BCP1)

Date 11/18/2008 3:06:51 PM

UniCare HMO - CC

Effective July 1, 2007 - December 31, 2008

| <i>State Active Member</i> | <u>Semi-Monthly Rates</u> | | | | | <u>Monthly Rates</u> | | |
|--|---------------------------|-----|---------------|--------------|--------------|----------------------|--------------|--------------|
| | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | \$29,500 or Less | 1 K | \$17.50 | \$189.21 | \$206.71 | \$35.00 | \$378.42 | \$413.42 |
| | \$29,501 - \$44,600 | 2 K | \$20.00 | \$186.71 | \$206.71 | \$40.00 | \$373.42 | \$413.42 |
| | \$44,601 - \$59,300 | 3 K | \$21.25 | \$185.46 | \$206.71 | \$42.50 | \$370.92 | \$413.42 |
| | \$59,301 - \$74,300 | 4 K | \$22.50 | \$184.21 | \$206.71 | \$45.00 | \$368.42 | \$413.42 |
| | \$74,301 and Over | 5 K | \$23.75 | \$182.96 | \$206.71 | \$47.50 | \$365.92 | \$413.42 |
| Member Plus 1 Non Medicare Dependent | \$29,500 or Less | 1 L | \$52.50 | \$332.35 | \$384.85 | \$105.00 | \$664.70 | \$769.70 |
| | \$29,501 - \$44,600 | 2 L | \$55.00 | \$329.85 | \$384.85 | \$110.00 | \$659.70 | \$769.70 |
| | \$44,601 - \$59,300 | 3 L | \$56.25 | \$328.60 | \$384.85 | \$112.50 | \$657.20 | \$769.70 |
| | \$59,301 - \$74,300 | 4 L | \$57.50 | \$327.35 | \$384.85 | \$115.00 | \$654.70 | \$769.70 |
| | \$74,301 and Over | 5 L | \$58.75 | \$326.10 | \$384.85 | \$117.50 | \$652.20 | \$769.70 |
| Member Plus 2 or More Dependents | \$29,500 or Less | 1 M | \$68.00 | \$445.23 | \$513.23 | \$136.00 | \$890.46 | \$1,026.46 |
| | \$29,501 - \$44,600 | 2 M | \$70.50 | \$442.73 | \$513.23 | \$141.00 | \$885.46 | \$1,026.46 |
| | \$44,601 - \$59,300 | 3 M | \$71.75 | \$441.48 | \$513.23 | \$143.50 | \$882.96 | \$1,026.46 |
| | \$59,301 - \$74,300 | 4 M | \$73.00 | \$440.23 | \$513.23 | \$146.00 | \$880.46 | \$1,026.46 |
| | \$74,301 and Over | 5 M | \$74.25 | \$438.98 | \$513.23 | \$148.50 | \$877.96 | \$1,026.46 |
| Member Plus 1 Medicare Primary Dependent | \$29,500 or Less | 1 N | \$50.00 | \$294.78 | \$344.78 | \$100.00 | \$589.56 | \$689.56 |
| | \$29,501 - \$44,600 | 2 N | \$52.50 | \$292.28 | \$344.78 | \$105.00 | \$584.56 | \$689.56 |
| | \$44,601 - \$59,300 | 3 N | \$53.75 | \$291.03 | \$344.78 | \$107.50 | \$582.06 | \$689.56 |
| | \$59,301 - \$74,300 | 4 N | \$55.00 | \$289.78 | \$344.78 | \$110.00 | \$579.56 | \$689.56 |
| | \$74,301 and Over | 5 N | \$56.25 | \$288.53 | \$344.78 | \$112.50 | \$577.06 | \$689.56 |
| Member Plus 2 or More Medicare Primary Dependents | \$29,500 or Less | 1 O | \$68.00 | \$445.23 | \$513.23 | \$136.00 | \$890.46 | \$1,026.46 |
| | \$29,501 - \$44,600 | 2 O | \$70.50 | \$442.73 | \$513.23 | \$141.00 | \$885.46 | \$1,026.46 |
| | \$44,601 - \$59,300 | 3 O | \$71.75 | \$441.48 | \$513.23 | \$143.50 | \$882.96 | \$1,026.46 |
| | \$59,301 - \$74,300 | 4 O | \$73.00 | \$440.23 | \$513.23 | \$146.00 | \$880.46 | \$1,026.46 |
| | \$74,301 and Over | 5 O | \$74.25 | \$438.98 | \$513.23 | \$148.50 | \$877.96 | \$1,026.46 |

Fiscal Year 2008 and 2009 (BCP1)

Date 11/18/2008 3:06:51 PM

UniCare HMO - CC

Effective July 1, 2007 - December 31, 2008

| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|---|---------------------------|--------------|--------------|----------------------|--------------|--------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$309.19 | \$309.19 | \$0.00 | \$618.38 | \$618.38 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$35.00 | \$452.33 | \$487.33 | \$70.00 | \$904.66 | \$974.66 |
| Member Plus 2 or More Dependents | 6 C | \$50.50 | \$565.21 | \$615.71 | \$101.00 | \$1,130.42 | \$1,231.42 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$32.50 | \$414.76 | \$447.26 | \$65.00 | \$829.52 | \$894.52 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$50.50 | \$565.21 | \$615.71 | \$101.00 | \$1,130.42 | \$1,231.42 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$134.14 | \$134.14 | \$0.00 | \$268.28 | \$268.28 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$35.00 | \$277.28 | \$312.28 | \$70.00 | \$554.56 | \$624.56 |
| Member Plus 2 or More Dependents | 6 H | \$50.50 | \$390.16 | \$440.66 | \$101.00 | \$780.32 | \$881.32 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$32.50 | \$239.71 | \$272.21 | \$65.00 | \$479.42 | \$544.42 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$50.50 | \$390.16 | \$440.66 | \$101.00 | \$780.32 | \$881.32 |

Ending Section for : UniCare HMO

Department of Central Management Services
Group Insurance Division

**FY2008 and FY2009 (BCP1)
Dental Rate Tables**

Note: The FY2009 rates represent the rates for Benefit Choice Period 1
(July 1, 2008, through December 31, 2008).

Effective July 1, 2007 – December 31, 2008

DENTAL RATE TABLE DESCRIPTION

The attached rates apply to:

1. Employees active on payroll
2. Employees on a leave of absence, layoff, etc.
3. Retirees, annuitants and survivors

The amount a person pays depends upon the carrier selected and the type of enrollee: active employee, leave of absence, retiree/annuitant or survivor.

- ◆ Active employee rates are based on the employment status of the employee, either full-time or part-time. For part-time employees, the State contribution is based on the percentage of time worked, i.e., for an employee who works 80% of a normal work period, the State would contribute 80% of the amount in the "State" paid columns on the rate tables and the employee would pay 20% of the "State" paid amount (this amount is in addition to the salary based premium for health and any dependent costs). See the Group Insurance Manual for instructions on how to calculate the premium for part-time employees.
- ◆ Rates for members on a leave of absence are based on the type of leave. For example, a member on non-State paid leave must pay 100% of the premium (there is no State-paid contribution) whereas a full-time person on State-paid leave would pay the same amount as if he/she were on payroll (the State would continue to contribute their portion towards the cost of coverage for the member and any covered dependents).

RATE CATEGORIES

The dental rate categories are divided into two groups (see below):

Active Members with Access

Members active on payroll or on a leave of absence who choose to participate in the Quality Care Dental Plan are required to pay a premium for their dental coverage. The 'Active Members with Access' rate table indicates the premium to be paid by the member and the amount the State contributes for full-time active employees who have access to a dental provider.

Active Members without Access and Retirees, Annuitants and Survivors

Retirees, annuitants and survivors are not required to pay a premium for dental coverage under the Quality Care Dental Plan. The 'Active Members – No Access, Retirees, Annuitants and Survivors' rate table indicates the State-paid contribution for these members, as well as, active employees without access to a dental provider.

DEDUCT CODES

Each rate table includes the dental deduct codes which should be used for payroll coding of members. There are three categories of premiums: members with single coverage, members with one dependent and members with two or more dependents. The rate for a member with two or more dependents is the same regardless of the number of dependents.

The deduct codes for each of the plans are as follows:

| | |
|--|------------|
| D6 - Quality Care Dental plan for State Active Members with Access | W1, X1, X2 |
| D6 - Quality Care Dental plan for Retirees, Annuitants and Survivors and Active Members without Access | S1, T1, T2 |

DENTAL RATES

11/18/2008

Page 1 of 1

Fiscal Year 2008 and 2009 (BCP1) Effective July 1, 2007 - December 31, 2008

The following codes and rates may be used for calculating employee paid dental, such as in the case of members on non-state paid leave of absence.

Quality Care Dental - D6

Active Members

| | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
|----------------------------|----|---------------------------|--------------|--------------|----------------------|--------------|--------------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | W1 | \$5.00 | \$8.46 | \$13.46 | \$10.00 | \$16.92 | \$26.92 |
| Member Plus One Dependent | X1 | \$7.50 | \$16.91 | \$24.41 | \$15.00 | \$33.82 | \$48.82 |
| Member Plus Two Dependents | X2 | \$8.75 | \$34.46 | \$43.21 | \$17.50 | \$68.92 | \$86.42 |

Retirees, Annuitants and Survivors

| | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
|----------------------------|----|---------------------------|--------------|--------------|----------------------|--------------|--------------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | S1 | \$0.00 | \$13.46 | \$13.46 | \$0.00 | \$26.92 | \$26.92 |
| Member Plus One Dependent | T1 | \$0.00 | \$24.41 | \$24.41 | \$0.00 | \$48.82 | \$48.82 |
| Member Plus Two Dependents | T2 | \$0.00 | \$43.21 | \$43.21 | \$0.00 | \$86.42 | \$86.42 |

Department of Central Management Services
Group Insurance Division

FY2009
Basic, Spouse and Child
Life Rates

Effective July 1, 2008

**DEPARTMENT OF CENTRAL MANAGEMENT SERVICES
BASIC, SPOUSE AND CHILD LIFE COVERAGE
FY2009**

The following life premiums have decreased effective July 1, 2008:

- the monthly Spouse Life premium for \$10,000 coverage is \$6.94
- the monthly Child Life premium is \$0.52 for \$10,000 coverage
- the Basic Life coverage premium is **.0338 per \$100.00** of coverage. Members are only responsible to pay Basic Life premiums while on a non-state paid leave of absence. The actual amount due for Basic Life coverage while on a non-state paid leave of absence can be computed electronically by logging onto the Membership System and going to screen 5C.

INSTRUCTIONS FOR COMPUTING BASIC LIFE PREMIUM:

- Determine the member's estimated annual salary (normally the member's monthly salary multiplied by 12).
- Take that figure and round it up to the next \$100.00. Every \$100 of salary equals 1 Basic Life Unit.
- Multiply the Basic Life Units by the current Basic Life rate add .0099 and drop the last two digits.

Formula: Monthly: Basic Life Units x monthly rate + .0099 = State paid premium
 Semimonthly: Basic Life Units x monthly rate x .5 + .0099 = State paid premium

Example: If a member's estimated annual salary is \$50,242, his/her life insurance benefit is \$50,300 or 503 Basic Life Units. The state-paid Basic Life premium would be computed as follows:

Monthly: 503 units x .0338 = 17.0014 + .0099 = 17.0113 = 17.01
Semimonthly: 503 units x .0338 = 17.0014 x .5 = 8.5007 + .0099 = 8.5106 = 8.51

**Optional Life rates for FY2009 have not changed
and are the same as the FY2008 rates.**

**Please use the FY2008 Optional Life rate tables
that were mailed to the agency's GIR in May, 2007.**

Department of Central Management Services
Group Insurance Division

**FY2008 and FY2009
Domestic Partner Coverage
Health and Dental Premium
& Imputed Income**

Note: The FY2009 rates represent the rates for Benefit Choice Period 1
(July 1, 2008, through December 31, 2008).

Effective July 1, 2007 – December 31, 2008

DOMESTIC PARTNER HEALTH & DENTAL RATE TABLE DESCRIPTION

- ◆ The rate for a Domestic Partner who does not qualify as an IRS dependent is the 'One Dependent' premium amount, regardless of the number of dependents on the member's coverage. The member will be direct billed monthly for the Domestic Partner coverage.
- ◆ The rate for an IRS-qualified Domestic Partner is the same as the amount charged for any other dependent and must be payroll deducted pre-tax.
- ◆ Part-time employees who are required to pay a percentage of the cost for health and dental coverage should contact the Analysis and Resolution Unit (ARU) at (217) 558-4671 for the exact premium and imputed income amounts. Part-time employees will pay an increased premium which will thereby reduce the monthly imputed income amount.

FY2008 & FY2009 Non-IRS Domestic Partner Dependent (1A)

Monthly Premium Rates & Imputed Income Amounts (Effective July 1, 2007)

HEALTH

| Carrier Name - Code | Premium | Imputed Income |
|-------------------------------|----------|----------------|
| Unicare HMO - CC | \$70.00 | \$286.28 |
| HMO Illinois - BY | \$71.00 | \$256.86 |
| PersonalCare - AS | \$80.00 | \$297.66 |
| OSF HealthPlans - CA | \$80.00 | \$338.56 |
| Health Alliance HMO - AH | \$82.00 | \$315.02 |
| Health Alliance Illinois - BS | \$91.00 | \$376.00 |
| HealthLink OAP - CF | \$93.00 | \$362.78 |
| OSF Winnebago - CE | \$95.00 | \$362.12 |
| QCHP - D3 | \$184.00 | \$521.64 |
| QCHP Non-Accessible - D1 | \$80.78 | \$313.60 |

DENTAL

| | | |
|--------------------------|--------|---------|
| Quality Care Dental - D6 | \$5.00 | \$16.90 |
|--------------------------|--------|---------|

NOTE: The Premium and Imputed Income amounts quoted above are for full-time employees. Part-time employees who are required to pay a percentage of the cost for basic health coverage should contact the Analysis and Resolution Unit (ARU) at (217) 558-4671 for the exact premium and imputed income amounts.

Department of Central Management Services
Group Insurance Division

**FY2008 and FY2009 (BCP1)
Health and Dental
COBRA Rate Tables**

Note: The FY2009 rates represent the rates for Benefit Choice Period 1
(July 1, 2008, through December 31, 2008).

Effective July 1, 2007 – December 31, 2008

COBRA RATE TABLE DESCRIPTION

The amount a person pays for COBRA coverage is 100% of the rate paid for actively working members plus a 2% administrative fee.

DEFINITION OF TYPES OF COVERAGE

Member Only: Single coverage; the member has no dependents covered under his/her health plan.

Member Plus 1 Non-Medicare Dependent: The member is covered and has one dependent enrolled. The dependent is not enrolled in Medicare or the dependent is **not enrolled in both** Parts A and B of Medicare (the State is primary claim payer for either Part A or B).

Member Plus 2 or More Dependents: This category includes a member with two or more dependents enrolled where: 1) the dependents are not enrolled in Medicare, 2) the State is primary claim payer for Part A or B, but not both, or 3) there is a combination of dependents who have Medicare primary and Non-Medicare coverage.

Member Plus 1 Medicare Dependent: The member is covered and has one dependent covered. Medicare is primary claim payer for **both** Parts A and B for the dependent or the dependent is enrolled in premium free Part A of Medicare, is not purchasing Part B and Part B benefits are being reduced.

Member Plus 2 or More Medicare Dependents: The member is covered and has two or more dependents covered. Medicare is primary claim payer for **both** Parts A and B for all of the dependents or the dependents are enrolled in premium free Part A of Medicare, not purchasing Part B and Part B benefits are being reduced.

NOTE: The COBRA tables provide both monthly and semi-monthly rates. In addition, the amount a member pays for dependent coverage is displayed separately, but is included in the 'Total'. This is to assist in answering inquiries from members who need to know how much of the total premium is relative to dependent coverage.

COBRA – Fiscal Years 2008 & 2009
Effective July 1, 2007

05/28/2008

QUALITY CARE HEALTH PLAN - D3

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$694.39 | \$0.00 | \$347.19 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$1414.14 | \$719.75 | \$707.06 | \$359.87 |
| Member Plus 2 or More Dependents | 1M | \$1634.83 | \$940.44 | \$817.41 | \$470.22 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$1061.24 | \$366.85 | \$530.61 | \$183.42 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1634.83 | \$940.44 | \$817.41 | \$470.22 |

HEALTH ALLIANCE HMO - AH

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$471.13 | \$0.00 | \$235.56 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$876.09 | \$404.96 | \$438.04 | \$202.48 |
| Member Plus 2 or More Dependents | 1M | \$1167.62 | \$696.49 | \$583.80 | \$348.24 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$784.94 | \$313.81 | \$392.46 | \$156.90 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1167.62 | \$696.49 | \$583.80 | \$348.24 |

HEALTH ALLIANCE ILLINOIS - BS

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$556.10 | \$0.00 | \$278.05 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$1032.44 | \$476.34 | \$516.22 | \$238.17 |
| Member Plus 2 or More Dependents | 1M | \$1374.95 | \$818.85 | \$687.47 | \$409.42 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$925.15 | \$369.05 | \$462.57 | \$184.52 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1374.95 | \$818.85 | \$687.47 | \$409.42 |

COBRA – Fiscal Years 2008 & 2009
Effective July 1, 2007

05/28/2008

HEALTHLINK OAP

- CF

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$542.47 | \$0.00 | \$271.23 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$1007.36 | \$464.89 | \$503.67 | \$232.44 |
| Member Plus 2 or More Dependents | 1M | \$1341.70 | \$799.23 | \$670.84 | \$399.61 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$902.65 | \$360.18 | \$451.32 | \$180.09 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1341.70 | \$799.23 | \$670.84 | \$399.61 |

HMO ILLINOIS

- BY

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$387.17 | \$0.00 | \$193.58 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$721.58 | \$334.41 | \$360.78 | \$167.20 |
| Member Plus 2 or More Dependents | 1M | \$962.75 | \$575.58 | \$481.37 | \$287.79 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$646.41 | \$259.24 | \$323.20 | \$129.62 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$962.75 | \$575.58 | \$481.37 | \$287.79 |

OSF HEALTH CARE

- CA

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$497.31 | \$0.00 | \$248.65 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$924.24 | \$426.93 | \$462.11 | \$213.46 |
| Member Plus 2 or More Dependents | 1M | \$1231.50 | \$734.19 | \$615.74 | \$367.09 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$828.13 | \$330.82 | \$414.06 | \$165.41 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1231.50 | \$734.19 | \$615.74 | \$367.09 |

COBRA – Fiscal Years 2008 & 2009
Effective July 1, 2007

05/28/2008

OSF WINNEBAGO

- CE

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$544.10 | \$0.00 | \$272.05 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$1010.36 | \$466.26 | \$505.18 | \$233.13 |
| Member Plus 2 or More Dependents | 1M | \$1345.67 | \$801.57 | \$672.83 | \$400.78 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$905.34 | \$361.24 | \$452.67 | \$180.62 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1345.67 | \$801.57 | \$672.83 | \$400.78 |

PERSONALCARE

- AS

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$447.63 | \$0.00 | \$223.81 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$832.84 | \$385.21 | \$416.41 | \$192.60 |
| Member Plus 2 or More Dependents | 1M | \$1110.28 | \$662.65 | \$555.13 | \$331.32 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$746.18 | \$298.55 | \$373.08 | \$149.27 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1110.28 | \$662.65 | \$555.13 | \$331.32 |

UNICARE HMO

- CC

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$421.68 | \$0.00 | \$210.84 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$785.08 | \$363.40 | \$392.54 | \$181.70 |
| Member Plus 2 or More Dependents | 1M | \$1046.98 | \$625.30 | \$523.49 | \$312.65 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$703.34 | \$281.66 | \$351.67 | \$140.83 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1046.98 | \$625.30 | \$523.49 | \$312.65 |

COBRA – Fiscal Years 2008 & 2009
Effective July 1, 2007

05/28/2008

QUALITY CARE DENTAL PLAN

- D6

| | | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|----------------------------------|--------------------|----------------------|------------------|---------------------------|------------------|
| | <u>Deduct Code</u> | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | S1 | \$27.45 | \$0.00 | \$13.72 | \$0.00 |
| Member Plus 1 Dependent | T1 | \$49.78 | \$22.33 | \$24.88 | \$11.16 |
| Member Plus 2 or More Dependents | T2 | \$88.14 | \$60.69 | \$44.06 | \$30.34 |
| Member Only | W1 | \$27.45 | \$0.00 | \$13.72 | \$0.00 |
| Member Plus 1 Dependent | X1 | \$49.78 | \$22.33 | \$24.88 | \$11.16 |
| Member Plus 2 or More Dependents | X2 | \$88.14 | \$60.69 | \$44.06 | \$30.34 |

Department of Central Management Services
Group Insurance Division

FY2009
Reimbursement
Worksheets

Effective July 1, 2008 – June 30, 2009

**Department of Central Management Services
Bureau of Benefits
Group Insurance Division**

FY2009 Reimbursement Worksheet

Health, Dental and Life all Separate

Agency Name: _____

Pay Period - Beginning Date: ____ / ____ / ____ Ending Date: ____ / ____ / ____

Appropriation Account code No.: _____ - _____ - _____ - _____ - _____

Pay Code: _____

(One worksheet is required per paycode)

| <u>Health Insurance</u> | <u>Number of Employees</u> | <u>Semi-Monthly Rate</u> | <u>Reimbursement Payment</u> | <u>Total</u> |
|---|--------------------------------|------------------------------|----------------------------------|--------------|
| Quality Care Plan | | | | |
| Member Only | _____ | X \$498.66 | \$ _____ | |
| Member & 1 Dependent | _____ | X \$766.75 | \$ _____ | |
| Member & 2 or more Dependents | _____ | X \$873.89 | \$ _____ | |
| HMO Plans / Open Access Plan / Quality Care w/o access | | | | |
| Member only | _____ | X \$393.12 | \$ _____ | |
| Member & 1 Dependent | _____ | X \$561.75 | \$ _____ | |
| Member & 2 or more Dependents | _____ | X \$692.67 | \$ _____ | |
| Semi-Monthly Health Insurance Reimbursement | | | (A) \$ _____ | |

| | | | | |
|--|-------|-----------|------------------|--|
| <u>Dental Insurance</u> | | | | |
| Quality Care Dental Plan: | | | | |
| Member only | _____ | X \$10.83 | = \$ _____ | |
| Member & 1 Dependent | _____ | X \$21.02 | = \$ _____ | |
| Member & 2 or more Dependents | _____ | X \$41.37 | = \$ _____ | |
| Semi-Monthly Dental Insurance Reimbursement | | | (B) \$ _____ | |
| | | | (A + B) \$ _____ | |

| | | | | |
|---|-------|----------|---|----------------------|
| <u>Life Insurance</u> | | | | |
| Member Only* | _____ | X \$9.94 | = | (C) \$ _____ |
| Semi-Monthly G. I. Reimbursement | | | | (A + B + C) \$ _____ |

OR

Monthly G. I. Reimbursement ((A + B + C) x 2) \$ _____

* Each person, including part-time employees, are counted as a whole person.

**Department of Central Management Services
Bureau of Benefits
Group Insurance Division**

FY2009 Reimbursement Worksheet
Monthly

Agency Name: _____

Pay Period - Beginning Date: ___ / ___ / ___ Ending Date: ___ / ___ / ___

Appropriation Account code No.: _____ - _____ - _____ - _____ - _____

Pay Code: _____

(One worksheet is required per paycode)

| <u>Health Insurance</u> | <u>Number of Employees</u> | <u>Monthly Rate</u> | <u>Reimbursement Payment</u> | <u>Total</u> |
|---|--------------------------------|-------------------------|----------------------------------|--------------|
| Quality Care Plan | | | | |
| Member Only | _____ X | \$997.32 | \$ _____ | |
| Member & 1 Dependent | _____ X | \$1,533.50 | \$ _____ | |
| Member & 2 or more Dependents | _____ X | \$1,747.78 | \$ _____ | |
| HMO Plans / Open Access Plan / Quality Care w/o access | | | | |
| Member only | _____ X | \$786.24 | \$ _____ | |
| Member & 1 Dependent | _____ X | \$1,123.50 | \$ _____ | |
| Member & 2 or more Dependents | _____ X | \$1,385.34 | \$ _____ | |
| Monthly Health Insurance Reimbursement | | | (A) \$ _____ | |

| | | | | |
|--|---------|---------|-------------------------|--|
| <u>Dental Insurance</u> | | | | |
| Quality Care Dental Plan: | | | | |
| Member only | _____ X | \$21.66 | = \$ _____ | |
| Member & 1 Dependent | _____ X | \$42.04 | = \$ _____ | |
| Member & 2 or more Dependents | _____ X | \$82.74 | = \$ _____ | |
| Monthly Dental Insurance Reimbursement | | | (B) \$ _____ | |
| Monthly Health and Dental Reimbursement | | | (A + B) \$ _____ | |

| | | | | |
|------------------------------------|---------|---------|---|-----------------------------|
| <u>Life Insurance</u> | | | | |
| Member Only* | _____ X | \$19.88 | = | (C) \$ _____ |
| Monthly G. I. Reimbursement | | | | (A + B + C) \$ _____ |

* Each person, including part-time employees, are counted as a whole person.

**Department of Central Management Services
Bureau of Benefits
Group Insurance Division**

FY2009 Reimbursement Worksheet
Health Insurance Only

Agency Name: _____

Pay Period - Beginning Date: ____ / ____ / ____ Ending Date: ____ / ____ / ____

Appropriation Account code No.: _____ - _____ - _____ - _____ - _____

Pay Code: _____

(One worksheet is required per paycode)

| <u>Health Insurance Only</u> | <u>Number of Employees</u> | <u>Semi-Monthly Rate</u> | <u>Reimbursement Payment</u> | <u>Total</u> |
|---|--------------------------------|------------------------------|----------------------------------|--------------|
| Quality Care Plan | | | | |
| Member Only | _____ | X \$498.66 | \$ _____ | |
| Member & 1 Dependent | _____ | X \$766.75 | \$ _____ | |
| Member & 2 or more Dependents | _____ | X \$873.89 | \$ _____ | |
| HMO Plans / Open Access Plan / Quality Care w/o access | | | | |
| Member only | _____ | X \$393.12 | \$ _____ | |
| Member & 1 Dependent | _____ | X \$561.75 | \$ _____ | |
| Member & 2 or more Dependents | _____ | X \$692.67 | \$ _____ | |
| Semi-Monthly Health Reimbursement | | | (A) \$ _____ | |
| <u>Life Insurance</u> | | | | |
| Member Only* | _____ | X \$9.94 = | (B) \$ _____ | |
| Semi-Monthly G. I. Reimbursement | | | (A + B) \$ _____ | |
| OR | | | | |
| Monthly G. I. Reimbursement | | | ((A + B) x 2) \$ _____ | |

* Each person, including part-time employees, are counted as a whole person.

**Department of Central Management Services
Bureau of Benefits
Group Insurance Division**

FY2009 Reimbursement Worksheet

Health and Dental Combined

Agency Name: _____

Pay Period - Beginning Date: ____ / ____ / ____ Ending Date: ____ / ____ / ____

Appropriation Account code No.: _____ - _____ - _____ - _____ - _____

Pay Code: _____

(One worksheet is required per paycode)

| <u>Health & Dental Insurance Combined</u> | <u>Number of Employees</u> | <u>Semi-Monthly Rate</u> | <u>Reimbursement Payment</u> | <u>Total</u> |
|---|--------------------------------|------------------------------|----------------------------------|--------------|
| Quality Care Plan | | | | |
| Member Only | _____ X | \$509.49 | \$ _____ | |
| Member & 1 Dependent | _____ X | \$787.77 | \$ _____ | |
| Member & 2 or more Dependents | _____ X | \$915.26 | \$ _____ | |
| HMO Plans / Open Access Plan / Quality Care w/o access | | | | |
| Member only | _____ X | \$403.95 | \$ _____ | |
| Member & 1 Dependent | _____ X | \$582.77 | \$ _____ | |
| Member & 2 or more Dependents | _____ X | \$734.04 | \$ _____ | |
| Semi-Monthly Health Insurance Reimbursement | | | (A) \$ _____ | |
| <u>Life Insurance</u> | | | | |
| Member Only* | _____ X | \$9.94 = | (B) \$ _____ | |
| Semi-Monthly G. I. Reimbursement | | | (A + B) \$ _____ | |
| OR | | | | |
| Monthly G. I. Reimbursement | | | ((A + B) x 2) \$ _____ | |

* Each person, including part-time employees, are counted as a whole person.

**Department of Central Management Services
Bureau of Benefits
Group Insurance Division**

FY2009 Reimbursement Cross Reference Directory Of Carrier/Plan Codes

| Insurance Plan | Health Only | | Health & Life Combined | | Carrier Code | Deduct Code |
|---|-------------|------------|------------------------|------------|-----------------------------------|----------------|
| | S/M Rate | Mo. Rate | S/M Rate | Mo. Rate | | |
| Health Insurance | | | | | | |
| Quality Care - Member | \$498.66 | \$997.32 | \$508.60 | \$1,017.20 | D3 | (1-5)K |
| Quality Care - Member & 1 Dependent | \$766.75 | \$1,533.50 | \$776.69 | \$1,553.38 | D3 | (1-5)L; (1-5)N |
| Quality Care - Member & 2 or more Dependents | \$873.89 | \$1,747.78 | \$883.83 | \$1,767.66 | D3 | (1-5)M; (1-5)O |
| Quality Care w/o HMO Access - Member | \$393.12 | \$786.24 | \$403.06 | \$806.12 | D1 | (1-5)K |
| Quality Care w/o HMO Access - Member & 1 Dependent | \$561.75 | \$1,123.50 | \$571.69 | \$1,143.38 | D1 | (1-5)L; (1-5)N |
| Quality Care w/o HMO Access - Member & 2 or more Dependents | \$692.67 | \$1,385.34 | \$702.61 | \$1,405.22 | D1 | (1-5)M; (1-5)O |
| HMO - Member | \$393.12 | \$786.24 | \$403.06 | \$806.12 | AH, AS, BS, BY, CA, CC, CE, CF | (1-5)K |
| HMO - Member & 1 Dependent | \$561.75 | \$1,123.50 | \$571.69 | \$1,143.38 | AH, AS, BS, BY, CA, CC, CE, CF | (1-5)L; (1-5)N |
| HMO - Member & 2 or more Dependents | \$692.67 | \$1,385.34 | \$702.61 | \$1,405.22 | AH, AS, BS, BY, CA, CC, CE, CF | (1-5)M; (1-5)O |
| Dental Insurance | | | | | | |
| Quality Care Dental - Member | \$10.83 | \$21.66 | \$10.83 | \$21.66 | D6 | W1; S1 |
| Quality Care Dental - Member & 1 Dependent | \$21.02 | \$42.04 | \$21.02 | \$42.04 | D6 | X1; T1 |
| Quality Care Dental - Member & 2 or more Dependents | \$41.37 | \$82.74 | \$41.37 | \$82.74 | D6 | X2; T2 |
| Life Insurance | \$9.94 | \$19.88 | | | C9 | |

**Department of Central Management Services
Bureau of Benefits
Group Insurance Division**

FY2009 Reimbursement Composite Rate Schedule

| Monthly Table | Health | Health & Dental Combined | Health & Life Combined | Health, Dental & Life Combined |
|---|------------|-----------------------------|---------------------------|-----------------------------------|
| Health Plan | | | | |
| Quality Care - Member | \$997.32 | \$1,018.98 | \$1,017.20 | \$1,038.86 |
| Quality Care - Member & 1 Dependent | \$1,533.50 | \$1,575.54 | \$1,553.38 | \$1,595.42 |
| Quality Care - Member & 2 or more Dependents | \$1,747.78 | \$1,830.52 | \$1,767.66 | \$1,850.40 |
| HMO / OAP / No Access - Member | \$786.24 | \$807.90 | \$806.12 | \$827.78 |
| HMO / OAP / No Access - Member & 1 Dependent | \$1,123.50 | \$1,165.54 | \$1,143.38 | \$1,185.42 |
| HMO / OAP / No Access - Member & 2 or more Dependents | \$1,385.34 | \$1,468.08 | \$1,405.22 | \$1,487.96 |
| | | | | |
| | Life | Life | | |
| Life Insurance | \$19.88 | \$19.88 | | |

| Semi-Monthly Table | Health | Health & Dental Combined | Health & Life Combined | Health, Dental & Life Combined |
|---|----------|-----------------------------|---------------------------|-----------------------------------|
| Health Plan | | | | |
| Quality Care - Member | \$498.66 | \$509.49 | \$508.60 | \$519.43 |
| Quality Care - Member & 1 Dependent | \$766.75 | \$787.77 | \$776.69 | \$797.71 |
| Quality Care - Member & 2 or more Dependents | \$873.89 | \$915.26 | \$883.83 | \$925.20 |
| HMO / OAP / No Access - Member | \$393.12 | \$403.95 | \$403.06 | \$413.89 |
| HMO / OAP / No Access - Member & 1 Dependent | \$561.75 | \$582.77 | \$571.69 | \$592.71 |
| HMO / OAP / No Access - Member & 2 or more Dependents | \$692.67 | \$734.04 | \$702.61 | \$743.98 |
| | | | | |
| | Life | Life | | |
| Life Insurance | \$9.94 | \$9.94 | | |

**Department of Central Management Services
Bureau of Benefits
Group Insurance Division**

**University Permanent Layoff
Reimbursement Calculation Worksheet**

FY2009 Reimbursement Rates

University Name: _____

Pay Period - Beginning Date: ___ / ___ / ___ Ending Date: ___ / ___ / ___

Appropriation Account code No.: _____ - _____ - _____ - _____ - _____

Pay Code: _____

(One worksheet is required per paycode.)

| <u>Health Insurance</u> | <u>Number of Employees</u> | <u>Semi-Monthly Rate *</u> | | <u>Reimbursement Payment</u> | <u>Total</u> |
|--|--------------------------------|----------------------------|-----------------|----------------------------------|--------------|
| | | <u>Employer</u> | <u>Employee</u> | | |
| Quality Care Plan | | | | | |
| Member Only | _____ | X (\$498.66 | + \$36.58) = | \$ _____ | |
| Member & 1 Dependent | _____ | X (\$766.75 | + \$131.58) = | \$ _____ | |
| Member & 2 or more Dependents | _____ | X (\$873.89 | + \$146.58) = | \$ _____ | |
| HMO Plans / POS Plans / Quality Care w/o access | | | | | |
| Member only | _____ | X (\$393.12 | + \$22.93) = | \$ _____ | |
| Member & 1 Dependent | _____ | X (\$561.75 | + \$85.01) = | \$ _____ | |
| Member & 2 or more Dependents | _____ | X (\$692.67 | + \$63.86) = | \$ _____ | |
| Semi-Monthly Health Insurance Reimbursement | | | | (A) \$ _____ | |
| <u>Dental Insurance</u> | | | | | |
| Quality Care Dental Plan: | | | | | |
| Member only | _____ | X (\$10.83 | + \$7.50) = | \$ _____ | |
| Member & 1 Dependent | _____ | X (\$21.02 | + \$11.25) = | \$ _____ | |
| Member & 2 or more Dependents | _____ | X (\$41.37 | + \$13.75) = | \$ _____ | |
| Semi-Monthly Dental Insurance Reimbursement | | | | (B) \$ _____ | |
| <u>Life Insurance</u> | | | | | |
| Member Only ** | _____ | X | \$9.94 | = | (C) \$ _____ |
| Semi-Monthly G. I. Reimbursement | | | | (A + B + C) \$ _____ | |
| | | | | | OR |
| Monthly G. I. Reimbursement | | | | ((A + B + C) x 2) \$ _____ | |

* The University is responsible for reimbursing the total of the employer and employee amounts.

** Each person, including part-time employees, are counted as a whole person.

Department of Central Management Services
Group Insurance Division

FY2008
Reimbursement
Worksheets

July 1, 2007 – June 30, 2008

**Department of Central Management Services
Bureau of Benefits
Group Insurance Division**

FY2008 Domestic Partner Reimbursement Worksheet

Agency Name: _____

Pay Period - Beginning Date: ___ / ___ / ___ Ending Date: ___ / ___ / ___

Appropriation Account code No.: _____ - _____ - _____ - _____ - _____

Pay Code: _____

(One worksheet is required per paycode)

| <u>Health & Dental Insurance Combined</u> | <u>Number of Employees</u> | <u>Semi-Monthly Rate</u> | <u>Reimbursement Payment</u> | <u>Total</u> |
|---|--------------------------------|------------------------------|----------------------------------|--------------|
| Quality Care Plan 1 Dependent | _____ X | \$268.29 | \$ _____ | |
| HMO Plans / Open Access Plan / Quality Care w/o access 1 Dependent | _____ X | \$162.44 | \$ _____ | |
| Semi-Monthly Health and Dental Insurance Reimbursement | | | (A) | \$ _____ |
| Monthly G. I. Reimbursement (use for employees on monthly payroll) | | | (A x 2) | \$ _____ |

**Department of Central Management Services
Bureau of Benefits
Group Insurance Division**

FY2008 Reimbursement Worksheet
Health Insurance Only

Agency Name: _____

Pay Period - Beginning Date: ____ / ____ / ____ Ending Date: ____ / ____ / ____

Appropriation Account code No.: _____ - _____ - _____ - _____ - _____

Pay Code: _____

(One worksheet is required per paycode)

| <u>Health Insurance Only</u> | <u>Number of Employees</u> | <u>Semi-Monthly Rate</u> | <u>Reimbursement Payment</u> | <u>Total</u> |
|---|--------------------------------|------------------------------|----------------------------------|--------------|
| Quality Care Plan | | | | |
| Member Only | _____ | X \$510.73 | \$ _____ | |
| Member & 1 Dependent | _____ | X \$770.56 | \$ _____ | |
| Member & 2 or more Dependents | _____ | X \$726.93 | \$ _____ | |
| HMO Plans / Open Access Plan / Quality Care w/o access | | | | |
| Member only | _____ | X \$409.25 | \$ _____ | |
| Member & 1 Dependent | _____ | X \$563.23 | \$ _____ | |
| Member & 2 or more Dependents | _____ | X \$683.81 | \$ _____ | |
| Semi-Monthly Health Reimbursement | | | (A) \$ _____ | |
| <u>Life Insurance</u> | | | | |
| Member Only* | _____ | X \$10.18 = | (B) \$ _____ | |
| Semi-Monthly G. I. Reimbursement | | | (A + B) \$ _____ | |
| OR | | | | |
| Monthly G. I. Reimbursement | | | ((A + B) x 2) \$ _____ | |

* Each person, including part-time employees, are counted as a whole person.

**Department of Central Management Services
Bureau of Benefits
Group Insurance Division**

FY2008 Reimbursement Worksheet

Health and Dental Combined

Agency Name: _____

Pay Period - Beginning Date: ____ / ____ / ____ Ending Date: ____ / ____ / ____

Appropriation Account code No.: _____ - _____ - _____ - _____ - _____

Pay Code: _____

(One worksheet is required per paycode)

| <u>Health & Dental Insurance Combined</u> | <u>Number of Employees</u> | <u>Semi-Monthly Rate</u> | <u>Reimbursement Payment</u> | <u>Total</u> |
|---|--------------------------------|------------------------------|----------------------------------|--------------|
| Quality Care Plan | | | | |
| Member Only | _____ X | \$519.19 | \$ _____ | |
| Member & 1 Dependent | _____ X | \$787.48 | \$ _____ | |
| Member & 2 or more Dependents | _____ X | \$761.39 | \$ _____ | |
| HMO Plans / Open Access Plan / Quality Care w/o access | | | | |
| Member only | _____ X | \$417.71 | \$ _____ | |
| Member & 1 Dependent | _____ X | \$580.15 | \$ _____ | |
| Member & 2 or more Dependents | _____ X | \$718.27 | \$ _____ | |
| Semi-Monthly Health Insurance Reimbursement | | | (A) \$ _____ | |
| <u>Life Insurance</u> | | | | |
| Member Only* | _____ X | \$10.18 = | (B) \$ _____ | |
| Semi-Monthly G. I. Reimbursement | | | (A + B) \$ _____ | |
| OR | | | | |
| Monthly G. I. Reimbursement | | | ((A + B) x 2) \$ _____ | |

* Each person, including part-time employees, are counted as a whole person.

**Department of Central Management Services
Bureau of Benefits
Group Insurance Division**

FY2008 Reimbursement Cross Reference Directory Of Carrier/Plan Codes

| Insurance Plan | Health Only | | Health & Life Combined | | Carrier Code | Deduct Code |
|---|-------------|------------|------------------------|------------|-----------------------------------|----------------|
| | S/M Rate | Mo. Rate | S/M Rate | Mo. Rate | | |
| Health Insurance | | | | | | |
| Quality Care - Member | \$510.73 | \$1,021.46 | \$520.91 | \$1,041.82 | D3 | (1-5)K |
| Quality Care - Member & 1 Dependent | \$770.56 | \$1,541.12 | \$780.74 | \$1,561.48 | D3 | (1-5)L; (1-5)N |
| Quality Care - Member & 2 or more Dependents | \$726.93 | \$1,453.86 | \$737.11 | \$1,474.22 | D3 | (1-5)M; (1-5)O |
| Quality Care w/o HMO Access - Member | | | | | | |
| Quality Care w/o HMO Access - Member | \$409.25 | \$818.50 | \$419.43 | \$838.86 | D1 | (1-5)K |
| Quality Care w/o HMO Access - Member & 1 Dependent | \$563.23 | \$1,126.46 | \$573.41 | \$1,146.82 | D1 | (1-5)L; (1-5)N |
| Quality Care w/o HMO Access - Member & 2 or more Dependents | \$683.81 | \$1,367.62 | \$693.99 | \$1,387.98 | D1 | (1-5)M; (1-5)O |
| HMO - Member | | | | | | |
| HMO - Member | \$409.25 | \$818.50 | \$419.43 | \$838.86 | AH, AS, BS, BY, CA, CC, CE, CF | (1-5)K |
| HMO - Member & 1 Dependent | \$563.23 | \$1,126.46 | \$573.41 | \$1,146.82 | AH, AS, BS, BY, CA, CC, CE, CF | (1-5)L; (1-5)N |
| HMO - Member & 2 or more Dependents | \$683.81 | \$1,367.62 | \$693.99 | \$1,387.98 | AH, AS, BS, BY, CA, CC, CE, CF | (1-5)M; (1-5)O |
| Dental Insurance | | | | | | |
| Quality Care Dental - Member | \$8.46 | \$16.92 | \$8.46 | \$16.92 | D6 | W1; S1 |
| Quality Care Dental - Member & 1 Dependent | \$16.92 | \$33.84 | \$16.92 | \$33.84 | D6 | X1; T1 |
| Quality Care Dental - Member & 2 or more Dependents | \$34.46 | \$68.92 | \$34.46 | \$68.92 | D6 | X2; T2 |
| Life Insurance | | | | | | |
| Life Insurance | \$10.18 | \$20.36 | | | C9 | |

Department of Central Management Services
Bureau of Benefits
Group Insurance Division

FY2008 Reimbursement Composite Rate Schedule

| Monthly Table | Health | Health & Dental Combined | Health & Life Combined | Health, Dental & Life Combined |
|---|------------|-----------------------------|---------------------------|-----------------------------------|
| Health Plan | | | | |
| Quality Care - Member | \$1,021.46 | \$1,038.38 | \$1,041.82 | \$1,058.74 |
| Quality Care - Member & 1 Dependent | \$1,541.12 | \$1,574.96 | \$1,561.48 | \$1,595.32 |
| Quality Care - Member & 2 or more Dependents | \$1,453.86 | \$1,522.78 | \$1,474.22 | \$1,543.14 |
| HMO / OAP / No Access - Member | \$818.50 | \$835.42 | \$838.86 | \$855.78 |
| HMO / OAP / No Access - Member & 1 Dependent | \$1,126.46 | \$1,160.30 | \$1,146.82 | \$1,180.66 |
| HMO / OAP / No Access - Member & 2 or more Dependents | \$1,367.62 | \$1,436.54 | \$1,387.98 | \$1,456.90 |
| | | | | |
| | Life | Life | | |
| Life Insurance | \$20.36 | \$20.36 | | |

| Semi-Monthly Table | Health | Health & Dental Combined | Health & Life Combined | Health, Dental & Life Combined |
|---|----------|-----------------------------|---------------------------|-----------------------------------|
| Health Plan | | | | |
| Quality Care - Member | \$510.73 | \$519.19 | \$520.91 | \$529.37 |
| Quality Care - Member & 1 Dependent | \$770.56 | \$787.48 | \$780.74 | \$797.66 |
| Quality Care - Member & 2 or more Dependents | \$726.93 | \$761.39 | \$737.11 | \$771.57 |
| HMO / OAP / No Access - Member | \$409.25 | \$417.71 | \$419.43 | \$427.89 |
| HMO / OAP / No Access - Member & 1 Dependent | \$563.23 | \$580.15 | \$573.41 | \$590.33 |
| HMO / OAP / No Access - Member & 2 or more Dependents | \$683.81 | \$718.27 | \$693.99 | \$728.45 |
| | | | | |
| | Life | Life | | |
| Life Insurance | \$10.18 | \$10.18 | | |

**Department of Central Management Services
Bureau of Benefits
Group Insurance Division**

**University Permanent Layoff
Reimbursement Calculation Worksheet**

FY 2008 Reimbursement Rates

University Name: _____

Pay Period - Beginning Date: ___ / ___ / ___ Ending Date: ___ / ___ / ___

Appropriation Account code No.: _____ - _____ - _____ - _____ - _____

Pay Code: _____

(One worksheet is required per paycode.)

| <u>Health Insurance</u> | <u>Number of Employees</u> | <u>Semi-Monthly Rate *</u> | | <u>Reimbursement Payment</u> | <u>Total</u> |
|--|--------------------------------|----------------------------|-----------------|----------------------------------|--------------|
| | | <u>Employer</u> | <u>Employee</u> | | |
| Quality Care Plan | | | | | |
| Member Only | _____ | X (\$510.73 | + \$34.13) = | \$ _____ | |
| Member & 1 Dependent | _____ | X (\$770.56 | + \$126.13) = | \$ _____ | |
| Member & 2 or more Dependents | _____ | X (\$726.93 | + \$141.13) = | \$ _____ | |
| HMO Plans / POS Plans / Quality Care w/o access | | | | | |
| Member only | _____ | X (\$409.25 | + \$21.01) = | \$ _____ | |
| Member & 1 Dependent | _____ | X (\$563.23 | + \$80.48) = | \$ _____ | |
| Member & 2 or more Dependents | _____ | X (\$683.81 | + \$59.35) = | \$ _____ | |
| Semi-Monthly Health Insurance Reimbursement | | | | (A) | \$ _____ |
| <u>Dental Insurance</u> | | | | | |
| Quality Care Dental Plan: | | | | | |
| Member only | _____ | X (\$8.46 | + \$5.00) = | \$ _____ | |
| Member & 1 Dependent | _____ | X (\$16.92 | + \$7.50) = | \$ _____ | |
| Member & 2 or more Dependents | _____ | X (\$34.46 | + \$8.75) = | \$ _____ | |
| Semi-Monthly Dental Insurance Reimbursement | | | | (B) | \$ _____ |
| <u>Life Insurance</u> | | | | | |
| Member Only ** | _____ | X | \$10.18 | = | (C) \$ _____ |
| Semi-Monthly G. I. Reimbursement | | | | (A + B + C) | \$ _____ |
| OR | | | | | |
| Monthly G. I. Reimbursement | | | | ((A + B + C) x 2) | \$ _____ |

* The University is responsible for reimbursing the total of the employer and employee amounts.

** Each person, including part-time employees, are counted as a whole person.

Department of Central Management Services
Group Insurance Division

**FY2007 Health and Dental
Rate Tables**

July 1, 2006 – June 30, 2007

FY2007 HEALTH RATE TABLE DESCRIPTION

The health rates apply to:

1. Employees active on payroll
2. Employees on a leave of absence, layoff, etc.
3. Retirees, annuitants and survivors
4. Domestic Partners

The amount a person pays depends upon the carrier selected and the type of enrollee: active employee, domestic partner, leave of absence, retiree/annuitant or survivor.

- ◆ Active employee rates are based on the employment status of the employee, either full-time status or part-time. For part-time employees, the State contribution is based on the percentage of time worked, i.e., for an employee who works 80% of a normal work period, the State would contribute 80% of the amount in the “State” paid columns on the rate tables and the employee would pay 20% of the “State” paid amount (in addition to the salary based premium for health and any dependent costs). See the Group Insurance Manual for instructions on how to calculate the premium for part-time employees.
- ◆ Rates for members on a leave of absence are based on the type of leave. For example, a member on a non-State paid leave of absence must pay 100% of the premium (there is no State-paid contribution); whereas a full-time person on State-paid leave would pay the same amount as if he/she were on payroll (the State would continue to contribute their portion towards the cost of coverage for the member and any covered dependents).
- ◆ The rate for a Domestic Partner who does not qualify as an IRS dependent is the ‘One Dependent’ premium amount, regardless of the number of dependents on the member’s coverage. The member will be direct billed monthly for Domestic Partner coverage at the ‘One Dependent’ premium amount only (any other premium a member owes would continue to be payroll deducted).
- ◆ The rate for an IRS-qualified Domestic Partner is the same as the amount charged for any other dependent and must be payroll deducted pre-tax.

RATE CATEGORIES

Because of differing managed care State-paid contributions for retirees/survivors versus active members, separate rates have been provided for the following types of enrollees:

State Active Member - Members active on payroll or on a leave of absence.

Retiree/Annuitants/Survivors (Non-Medicare) – Retirees, annuitants and survivors **not enrolled in both Parts A & B of Medicare**. This includes State Employee Retirement System and State University Retirement System retirees and survivors *prior to* January 1, 1998, retirees of the Teachers’ Retirement System *prior to* July 1, 1998 and retirees and survivors receiving benefits from other State retirement systems.

Retiree/Annuitants/Survivors (Medicare) - Retirees and survivors **enrolled in both Parts A & B of Medicare** or in situations where the person is enrolled in premium-free Part A of Medicare, is not purchasing Part B and Part B benefits are being reduced. This includes State Employee Retirement System and State University Retirement System retirees and survivors **prior to** January 1, 1998, retirees of the Teachers' Retirement System **prior to** July 1, 1998 and retirees and survivors receiving benefits from other State retirement systems.

DEFINITION OF TYPES OF COVERAGE

Within each group in the rate tables (State Active, Retiree Non-Medicare, Retiree Medicare), there are rates for the following types of coverage:

Member Only: Single coverage; the member has no dependents covered under his/her health plan.

Member Plus 1 Non-Medicare Dependent: The member is covered and has one dependent enrolled. The dependent is not enrolled in Medicare or the dependent is **not enrolled in both Parts A and B of Medicare** (the State is primary claim payer for either Part A or B).

Member Plus 2 or More Dependents: This category includes a member with two or more dependents enrolled where:

- 1) The dependents are not enrolled in Medicare,
- 2) the State is primary claim payer for Part A or B, but not both, or
- 3) there is a combination of dependents who have Medicare primary and Non-Medicare coverage.

Member Plus 1 Medicare Dependent: The member is covered and has one dependent covered. Medicare is primary claim payer for **both** Parts A and B for the dependent or the dependent is enrolled in premium free Part A of Medicare, is not purchasing Part B and Part B benefits are being reduced.

Member Plus 2 or More Medicare Dependents: The member is covered and has two or more dependents covered. Medicare is primary claim payer for **both** Parts A and B for all of the dependents or the dependents are enrolled in premium free Part A of Medicare, not purchasing Part B and Part B benefits are being reduced.

Fiscal Year 2007
Quality Care Health Plan - D3
 Effective July 1, 2006

| State Active Member | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | | |
|--|----------------------------------|-----|----------------------|-----------------------------|---------------------|----------------------|---------------------|---------------------|
| | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | \$28,600 or Less | 1 K | \$27.00 | \$298.70 | \$325.70 | \$54.00 | \$597.40 | \$651.40 |
| | \$28,601 - \$43,300 | 2 K | \$29.50 | \$296.20 | \$325.70 | \$59.00 | \$592.40 | \$651.40 |
| | \$43,301 - \$57,600 | 3 K | \$30.75 | \$294.95 | \$325.70 | \$61.50 | \$589.90 | \$651.40 |
| | \$57,601 - \$72,100 | 4 K | \$32.00 | \$293.70 | \$325.70 | \$64.00 | \$587.40 | \$651.40 |
| | \$72,101 and Over | 5 K | \$33.25 | \$292.45 | \$325.70 | \$66.50 | \$584.90 | \$651.40 |
| Member Plus 1 Non Medicare Dependent | \$28,600 or Less | 1 L | \$114.00 | \$554.37 | \$668.37 | \$228.00 | \$1,108.74 | \$1,336.74 |
| | \$28,601 - \$43,300 | 2 L | \$116.50 | \$551.87 | \$668.37 | \$233.00 | \$1,103.74 | \$1,336.74 |
| | \$43,301 - \$57,600 | 3 L | \$117.75 | \$550.62 | \$668.37 | \$235.50 | \$1,101.24 | \$1,336.74 |
| | \$57,601 - \$72,100 | 4 L | \$119.00 | \$549.37 | \$668.37 | \$238.00 | \$1,098.74 | \$1,336.74 |
| | \$72,101 and Over | 5 L | \$120.25 | \$548.12 | \$668.37 | \$240.50 | \$1,096.24 | \$1,336.74 |
| Member Plus 2 or More Dependents | \$28,600 or Less | 1 M | \$129.00 | \$619.54 | \$748.54 | \$258.00 | \$1,239.08 | \$1,497.08 |
| | \$28,601 - \$43,300 | 2 M | \$131.50 | \$617.04 | \$748.54 | \$263.00 | \$1,234.08 | \$1,497.08 |
| | \$43,301 - \$57,600 | 3 M | \$132.75 | \$615.79 | \$748.54 | \$265.50 | \$1,231.58 | \$1,497.08 |
| | \$57,601 - \$72,100 | 4 M | \$134.00 | \$614.54 | \$748.54 | \$268.00 | \$1,229.08 | \$1,497.08 |
| | \$72,101 and Over | 5 M | \$135.25 | \$613.29 | \$748.54 | \$270.50 | \$1,226.58 | \$1,497.08 |
| Member Plus 1 Medicare Primary Dependent | \$28,600 or Less | 1 N | \$87.00 | \$434.30 | \$521.30 | \$174.00 | \$868.60 | \$1,042.60 |
| | \$28,601 - \$43,300 | 2 N | \$89.50 | \$431.80 | \$521.30 | \$179.00 | \$863.60 | \$1,042.60 |
| | \$43,301 - \$57,600 | 3 N | \$90.75 | \$430.55 | \$521.30 | \$181.50 | \$861.10 | \$1,042.60 |
| | \$57,601 - \$72,100 | 4 N | \$92.00 | \$429.30 | \$521.30 | \$184.00 | \$858.60 | \$1,042.60 |
| | \$72,101 and Over | 5 N | \$93.25 | \$428.05 | \$521.30 | \$186.50 | \$856.10 | \$1,042.60 |
| Member Plus 2 or More Medicare Primary Dependents | \$28,600 or Less | 1 O | \$117.50 | \$631.04 | \$748.54 | \$235.00 | \$1,262.08 | \$1,497.08 |
| | \$28,601 - \$43,300 | 2 O | \$120.00 | \$628.54 | \$748.54 | \$240.00 | \$1,257.08 | \$1,497.08 |
| | \$43,301 - \$57,600 | 3 O | \$121.25 | \$627.29 | \$748.54 | \$242.50 | \$1,254.58 | \$1,497.08 |
| | \$57,601 - \$72,100 | 4 O | \$122.50 | \$626.04 | \$748.54 | \$245.00 | \$1,252.08 | \$1,497.08 |
| | \$72,101 and Over | 5 O | \$123.75 | \$624.79 | \$748.54 | \$247.50 | \$1,249.58 | \$1,497.08 |

Quality Care Health Plan - D3

Effective July 1, 2006

| <u><i>Retiree/Annuitants/Survivors(Non Medicare)</i></u> | | <u><i>Semi-Monthly Rates</i></u> | | | <u><i>Monthly Rates</i></u> | | |
|--|-----|----------------------------------|--------------|--------------|-----------------------------|--------------|--------------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | 6 A | \$0.00 | \$427.24 | \$427.24 | \$0.00 | \$854.48 | \$854.48 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$87.00 | \$682.91 | \$769.91 | \$174.00 | \$1,365.82 | \$1,539.82 |
| Member Plus 2 or More Dependents | 6 C | \$102.00 | \$748.08 | \$850.08 | \$204.00 | \$1,496.16 | \$1,700.16 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$60.00 | \$562.84 | \$622.84 | \$120.00 | \$1,125.68 | \$1,245.68 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$90.50 | \$759.58 | \$850.08 | \$181.00 | \$1,519.16 | \$1,700.16 |
| <u><i>Retiree/Annuitants/Survivors(Medicare)</i></u> | | <u><i>Semi-Monthly Rates</i></u> | | | <u><i>Monthly Rates</i></u> | | |
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | 6 F | \$0.00 | \$190.44 | \$190.44 | \$0.00 | \$380.88 | \$380.88 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$87.00 | \$446.11 | \$533.11 | \$174.00 | \$892.22 | \$1,066.22 |
| Member Plus 2 or More Dependents | 6 H | \$102.00 | \$511.28 | \$613.28 | \$204.00 | \$1,022.56 | \$1,226.56 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$60.00 | \$326.04 | \$386.04 | \$120.00 | \$652.08 | \$772.08 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$90.50 | \$522.78 | \$613.28 | \$181.00 | \$1,045.56 | \$1,226.56 |

Ending Section for :

Quality Care Health Plan

Fiscal Year 2007
Quality Care W/No Access - D1
 Effective July 1, 2006

| State Active Member | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | | |
|--|----------------------------------|-----|----------------------|-----------------------------|---------------------|----------------------|---------------------|---------------------|
| | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | \$28,600 or Less | 1 K | \$15.50 | \$198.94 | \$214.44 | \$31.00 | \$397.88 | \$428.88 |
| | \$28,601 - \$43,300 | 2 K | \$18.00 | \$196.44 | \$214.44 | \$36.00 | \$392.88 | \$428.88 |
| | \$43,301 - \$57,600 | 3 K | \$19.25 | \$195.19 | \$214.44 | \$38.50 | \$390.38 | \$428.88 |
| | \$57,601 - \$72,100 | 4 K | \$20.50 | \$193.94 | \$214.44 | \$41.00 | \$387.88 | \$428.88 |
| | \$72,101 and Over | 5 K | \$21.75 | \$192.69 | \$214.44 | \$43.50 | \$385.38 | \$428.88 |
| Member Plus 1 Non Medicare Dependent | \$28,600 or Less | 1 L | \$54.55 | \$337.37 | \$391.92 | \$109.10 | \$674.74 | \$783.84 |
| | \$28,601 - \$43,300 | 2 L | \$57.05 | \$334.87 | \$391.92 | \$114.10 | \$669.74 | \$783.84 |
| | \$43,301 - \$57,600 | 3 L | \$58.30 | \$333.62 | \$391.92 | \$116.60 | \$667.24 | \$783.84 |
| | \$57,601 - \$72,100 | 4 L | \$59.55 | \$332.37 | \$391.92 | \$119.10 | \$664.74 | \$783.84 |
| | \$72,101 and Over | 5 L | \$60.80 | \$331.12 | \$391.92 | \$121.60 | \$662.24 | \$783.84 |
| Member Plus 2 or More Dependents | \$28,600 or Less | 1 M | \$73.19 | \$447.81 | \$521.00 | \$146.38 | \$895.62 | \$1,042.00 |
| | \$28,601 - \$43,300 | 2 M | \$75.69 | \$445.31 | \$521.00 | \$151.38 | \$890.62 | \$1,042.00 |
| | \$43,301 - \$57,600 | 3 M | \$76.94 | \$444.06 | \$521.00 | \$153.88 | \$888.12 | \$1,042.00 |
| | \$57,601 - \$72,100 | 4 M | \$78.19 | \$442.81 | \$521.00 | \$156.38 | \$885.62 | \$1,042.00 |
| | \$72,101 and Over | 5 M | \$79.44 | \$441.56 | \$521.00 | \$158.88 | \$883.12 | \$1,042.00 |
| Member Plus 1 Medicare Primary Dependent | \$28,600 or Less | 1 N | \$51.39 | \$301.24 | \$352.63 | \$102.78 | \$602.48 | \$705.26 |
| | \$28,601 - \$43,300 | 2 N | \$53.89 | \$298.74 | \$352.63 | \$107.78 | \$597.48 | \$705.26 |
| | \$43,301 - \$57,600 | 3 N | \$55.14 | \$297.49 | \$352.63 | \$110.28 | \$594.98 | \$705.26 |
| | \$57,601 - \$72,100 | 4 N | \$56.39 | \$296.24 | \$352.63 | \$112.78 | \$592.48 | \$705.26 |
| | \$72,101 and Over | 5 N | \$57.64 | \$294.99 | \$352.63 | \$115.28 | \$589.98 | \$705.26 |
| Member Plus 2 or More Medicare Primary Dependents | \$28,600 or Less | 1 O | \$73.19 | \$447.81 | \$521.00 | \$146.38 | \$895.62 | \$1,042.00 |
| | \$28,601 - \$43,300 | 2 O | \$75.69 | \$445.31 | \$521.00 | \$151.38 | \$890.62 | \$1,042.00 |
| | \$43,301 - \$57,600 | 3 O | \$76.94 | \$444.06 | \$521.00 | \$153.88 | \$888.12 | \$1,042.00 |
| | \$57,601 - \$72,100 | 4 O | \$78.19 | \$442.81 | \$521.00 | \$156.38 | \$885.62 | \$1,042.00 |
| | \$72,101 and Over | 5 O | \$79.44 | \$441.56 | \$521.00 | \$158.88 | \$883.12 | \$1,042.00 |

Ending Section for :

Quality Care W/No Access

Fiscal Year 2007
Health Alliance HMO - AH
 Effective July 1, 2006

Date 05/15/2006 9:41:55 AM

| <i>State Active Member</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | | |
|--|---------------------------|---------------|--------------|----------------------|---------------|--------------|--------------|------------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | \$28,600 or Less | 1 K | \$15.50 | \$202.61 | \$218.11 | \$31.00 | \$405.22 | \$436.22 |
| | \$28,601 - \$43,300 | 2 K | \$18.00 | \$200.11 | \$218.11 | \$36.00 | \$400.22 | \$436.22 |
| | \$43,301 - \$57,600 | 3 K | \$19.25 | \$198.86 | \$218.11 | \$38.50 | \$397.72 | \$436.22 |
| | \$57,601 - \$72,100 | 4 K | \$20.50 | \$197.61 | \$218.11 | \$41.00 | \$395.22 | \$436.22 |
| | \$72,101 and Over | 5 K | \$21.75 | \$196.36 | \$218.11 | \$43.50 | \$392.72 | \$436.22 |
| Member Plus 1 Non Medicare Dependent | \$28,600 or Less | 1 L | \$54.50 | \$346.98 | \$401.48 | \$109.00 | \$693.96 | \$802.96 |
| | \$28,601 - \$43,300 | 2 L | \$57.00 | \$344.48 | \$401.48 | \$114.00 | \$688.96 | \$802.96 |
| | \$43,301 - \$57,600 | 3 L | \$58.25 | \$343.23 | \$401.48 | \$116.50 | \$686.46 | \$802.96 |
| | \$57,601 - \$72,100 | 4 L | \$59.50 | \$341.98 | \$401.48 | \$119.00 | \$683.96 | \$802.96 |
| | \$72,101 and Over | 5 L | \$60.75 | \$340.73 | \$401.48 | \$121.50 | \$681.46 | \$802.96 |
| Member Plus 2 or More Dependents | \$28,600 or Less | 1 M | \$74.00 | \$459.59 | \$533.59 | \$148.00 | \$919.18 | \$1,067.18 |
| | \$28,601 - \$43,300 | 2 M | \$76.50 | \$457.09 | \$533.59 | \$153.00 | \$914.18 | \$1,067.18 |
| | \$43,301 - \$57,600 | 3 M | \$77.75 | \$455.84 | \$533.59 | \$155.50 | \$911.68 | \$1,067.18 |
| | \$57,601 - \$72,100 | 4 M | \$79.00 | \$454.59 | \$533.59 | \$158.00 | \$909.18 | \$1,067.18 |
| | \$72,101 and Over | 5 M | \$80.25 | \$453.34 | \$533.59 | \$160.50 | \$906.68 | \$1,067.18 |
| Member Plus 1 Medicare Primary Dependent | \$28,600 or Less | 1 N | \$52.00 | \$308.23 | \$360.23 | \$104.00 | \$616.46 | \$720.46 |
| | \$28,601 - \$43,300 | 2 N | \$54.50 | \$305.73 | \$360.23 | \$109.00 | \$611.46 | \$720.46 |
| | \$43,301 - \$57,600 | 3 N | \$55.75 | \$304.48 | \$360.23 | \$111.50 | \$608.96 | \$720.46 |
| | \$57,601 - \$72,100 | 4 N | \$57.00 | \$303.23 | \$360.23 | \$114.00 | \$606.46 | \$720.46 |
| | \$72,101 and Over | 5 N | \$58.25 | \$301.98 | \$360.23 | \$116.50 | \$603.96 | \$720.46 |
| Member Plus 2 or More Medicare Primary Dependents | \$28,600 or Less | 1 O | \$74.00 | \$459.59 | \$533.59 | \$148.00 | \$919.18 | \$1,067.18 |
| | \$28,601 - \$43,300 | 2 O | \$76.50 | \$457.09 | \$533.59 | \$153.00 | \$914.18 | \$1,067.18 |
| | \$43,301 - \$57,600 | 3 O | \$77.75 | \$455.84 | \$533.59 | \$155.50 | \$911.68 | \$1,067.18 |
| | \$57,601 - \$72,100 | 4 O | \$79.00 | \$454.59 | \$533.59 | \$158.00 | \$909.18 | \$1,067.18 |
| | \$72,101 and Over | 5 O | \$80.25 | \$453.34 | \$533.59 | \$160.50 | \$906.68 | \$1,067.18 |

Fiscal Year 2007
Health Alliance HMO - AH
 Effective July 1, 2006

Date 05/15/2006 9:41:55 AM

| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|---|---------------------------|--------------|--------------|----------------------|--------------|--------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$322.33 | \$322.33 | \$0.00 | \$644.66 | \$644.66 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$39.00 | \$466.70 | \$505.70 | \$78.00 | \$933.40 | \$1,011.40 |
| Member Plus 2 or More Dependents | 6 C | \$58.50 | \$579.31 | \$637.81 | \$117.00 | \$1,158.62 | \$1,275.62 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$36.50 | \$427.95 | \$464.45 | \$73.00 | \$855.90 | \$928.90 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$58.50 | \$579.31 | \$637.81 | \$117.00 | \$1,158.62 | \$1,275.62 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$142.12 | \$142.12 | \$0.00 | \$284.24 | \$284.24 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$39.00 | \$286.49 | \$325.49 | \$78.00 | \$572.98 | \$650.98 |
| Member Plus 2 or More Dependents | 6 H | \$58.50 | \$399.10 | \$457.60 | \$117.00 | \$798.20 | \$915.20 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$36.50 | \$247.74 | \$284.24 | \$73.00 | \$495.48 | \$568.48 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$58.50 | \$399.10 | \$457.60 | \$117.00 | \$798.20 | \$915.20 |

Ending Section for : **Health Alliance HMO**

Fiscal Year 2007
Health Alliance Illinois - BS

Date 05/15/2006 9:41:55 AM

Effective July 1, 2006

| <i>State Active Member</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | | |
|--|---------------------------|---------------|--------------|----------------------|---------------|--------------|--------------|------------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | \$28,600 or Less | 1 K | \$15.50 | \$236.06 | \$251.56 | \$31.00 | \$472.12 | \$503.12 |
| | \$28,601 - \$43,300 | 2 K | \$18.00 | \$233.56 | \$251.56 | \$36.00 | \$467.12 | \$503.12 |
| | \$43,301 - \$57,600 | 3 K | \$19.25 | \$232.31 | \$251.56 | \$38.50 | \$464.62 | \$503.12 |
| | \$57,601 - \$72,100 | 4 K | \$20.50 | \$231.06 | \$251.56 | \$41.00 | \$462.12 | \$503.12 |
| | \$72,101 and Over | 5 K | \$21.75 | \$229.81 | \$251.56 | \$43.50 | \$459.62 | \$503.12 |
| Member Plus 1 Non Medicare Dependent | \$28,600 or Less | 1 L | \$59.00 | \$404.03 | \$463.03 | \$118.00 | \$808.06 | \$926.06 |
| | \$28,601 - \$43,300 | 2 L | \$61.50 | \$401.53 | \$463.03 | \$123.00 | \$803.06 | \$926.06 |
| | \$43,301 - \$57,600 | 3 L | \$62.75 | \$400.28 | \$463.03 | \$125.50 | \$800.56 | \$926.06 |
| | \$57,601 - \$72,100 | 4 L | \$64.00 | \$399.03 | \$463.03 | \$128.00 | \$798.06 | \$926.06 |
| | \$72,101 and Over | 5 L | \$65.25 | \$397.78 | \$463.03 | \$130.50 | \$795.56 | \$926.06 |
| Member Plus 2 or More Dependents | \$28,600 or Less | 1 M | \$80.00 | \$535.21 | \$615.21 | \$160.00 | \$1,070.42 | \$1,230.42 |
| | \$28,601 - \$43,300 | 2 M | \$82.50 | \$532.71 | \$615.21 | \$165.00 | \$1,065.42 | \$1,230.42 |
| | \$43,301 - \$57,600 | 3 M | \$83.75 | \$531.46 | \$615.21 | \$167.50 | \$1,062.92 | \$1,230.42 |
| | \$57,601 - \$72,100 | 4 M | \$85.00 | \$530.21 | \$615.21 | \$170.00 | \$1,060.42 | \$1,230.42 |
| | \$72,101 and Over | 5 M | \$86.25 | \$528.96 | \$615.21 | \$172.50 | \$1,057.92 | \$1,230.42 |
| Member Plus 1 Medicare Primary Dependent | \$28,600 or Less | 1 N | \$57.50 | \$357.92 | \$415.42 | \$115.00 | \$715.84 | \$830.84 |
| | \$28,601 - \$43,300 | 2 N | \$60.00 | \$355.42 | \$415.42 | \$120.00 | \$710.84 | \$830.84 |
| | \$43,301 - \$57,600 | 3 N | \$61.25 | \$354.17 | \$415.42 | \$122.50 | \$708.34 | \$830.84 |
| | \$57,601 - \$72,100 | 4 N | \$62.50 | \$352.92 | \$415.42 | \$125.00 | \$705.84 | \$830.84 |
| | \$72,101 and Over | 5 N | \$63.75 | \$351.67 | \$415.42 | \$127.50 | \$703.34 | \$830.84 |
| Member Plus 2 or More Medicare Primary Dependents | \$28,600 or Less | 1 O | \$80.00 | \$535.21 | \$615.21 | \$160.00 | \$1,070.42 | \$1,230.42 |
| | \$28,601 - \$43,300 | 2 O | \$82.50 | \$532.71 | \$615.21 | \$165.00 | \$1,065.42 | \$1,230.42 |
| | \$43,301 - \$57,600 | 3 O | \$83.75 | \$531.46 | \$615.21 | \$167.50 | \$1,062.92 | \$1,230.42 |
| | \$57,601 - \$72,100 | 4 O | \$85.00 | \$530.21 | \$615.21 | \$170.00 | \$1,060.42 | \$1,230.42 |
| | \$72,101 and Over | 5 O | \$86.25 | \$528.96 | \$615.21 | \$172.50 | \$1,057.92 | \$1,230.42 |

Fiscal Year 2007
Health Alliance Illinois - BS
 Effective July 1, 2006

Date 05/15/2006 9:41:55 AM

| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|---|---------------------------|--------------|--------------|----------------------|--------------|--------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$371.84 | \$371.84 | \$0.00 | \$743.68 | \$743.68 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$43.50 | \$539.81 | \$583.31 | \$87.00 | \$1,079.62 | \$1,166.62 |
| Member Plus 2 or More Dependents | 6 C | \$64.50 | \$670.99 | \$735.49 | \$129.00 | \$1,341.98 | \$1,470.98 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$42.00 | \$493.70 | \$535.70 | \$84.00 | \$987.40 | \$1,071.40 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$64.50 | \$670.99 | \$735.49 | \$129.00 | \$1,341.98 | \$1,470.98 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$163.86 | \$163.86 | \$0.00 | \$327.72 | \$327.72 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$43.50 | \$331.83 | \$375.33 | \$87.00 | \$663.66 | \$750.66 |
| Member Plus 2 or More Dependents | 6 H | \$64.50 | \$463.01 | \$527.51 | \$129.00 | \$926.02 | \$1,055.02 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$42.00 | \$285.72 | \$327.72 | \$84.00 | \$571.44 | \$655.44 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$64.50 | \$463.01 | \$527.51 | \$129.00 | \$926.02 | \$1,055.02 |

Ending Section for : **Health Alliance Illinois**

Fiscal Year 2007
HealthLink Open Access - CF
 Effective July 1, 2006

Date 05/15/2006 9:41:56 AM

| <i>State Active Member</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | | |
|--|---------------------------|---------------|--------------|----------------------|---------------|--------------|--------------|------------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | \$28,600 or Less | 1 K | \$15.50 | \$226.66 | \$242.16 | \$31.00 | \$453.32 | \$484.32 |
| | \$28,601 - \$43,300 | 2 K | \$18.00 | \$224.16 | \$242.16 | \$36.00 | \$448.32 | \$484.32 |
| | \$43,301 - \$57,600 | 3 K | \$19.25 | \$222.91 | \$242.16 | \$38.50 | \$445.82 | \$484.32 |
| | \$57,601 - \$72,100 | 4 K | \$20.50 | \$221.66 | \$242.16 | \$41.00 | \$443.32 | \$484.32 |
| | \$72,101 and Over | 5 K | \$21.75 | \$220.41 | \$242.16 | \$43.50 | \$440.82 | \$484.32 |
| Member Plus 1 Non Medicare Dependent | \$28,600 or Less | 1 L | \$60.00 | \$385.73 | \$445.73 | \$120.00 | \$771.46 | \$891.46 |
| | \$28,601 - \$43,300 | 2 L | \$62.50 | \$383.23 | \$445.73 | \$125.00 | \$766.46 | \$891.46 |
| | \$43,301 - \$57,600 | 3 L | \$63.75 | \$381.98 | \$445.73 | \$127.50 | \$763.96 | \$891.46 |
| | \$57,601 - \$72,100 | 4 L | \$65.00 | \$380.73 | \$445.73 | \$130.00 | \$761.46 | \$891.46 |
| | \$72,101 and Over | 5 L | \$66.25 | \$379.48 | \$445.73 | \$132.50 | \$758.96 | \$891.46 |
| Member Plus 2 or More Dependents | \$28,600 or Less | 1 M | \$82.00 | \$510.27 | \$592.27 | \$164.00 | \$1,020.54 | \$1,184.54 |
| | \$28,601 - \$43,300 | 2 M | \$84.50 | \$507.77 | \$592.27 | \$169.00 | \$1,015.54 | \$1,184.54 |
| | \$43,301 - \$57,600 | 3 M | \$85.75 | \$506.52 | \$592.27 | \$171.50 | \$1,013.04 | \$1,184.54 |
| | \$57,601 - \$72,100 | 4 M | \$87.00 | \$505.27 | \$592.27 | \$174.00 | \$1,010.54 | \$1,184.54 |
| | \$72,101 and Over | 5 M | \$88.25 | \$504.02 | \$592.27 | \$176.50 | \$1,008.04 | \$1,184.54 |
| Member Plus 1 Medicare Primary Dependent | \$28,600 or Less | 1 N | \$58.50 | \$341.41 | \$399.91 | \$117.00 | \$682.82 | \$799.82 |
| | \$28,601 - \$43,300 | 2 N | \$61.00 | \$338.91 | \$399.91 | \$122.00 | \$677.82 | \$799.82 |
| | \$43,301 - \$57,600 | 3 N | \$62.25 | \$337.66 | \$399.91 | \$124.50 | \$675.32 | \$799.82 |
| | \$57,601 - \$72,100 | 4 N | \$63.50 | \$336.41 | \$399.91 | \$127.00 | \$672.82 | \$799.82 |
| | \$72,101 and Over | 5 N | \$64.75 | \$335.16 | \$399.91 | \$129.50 | \$670.32 | \$799.82 |
| Member Plus 2 or More Medicare Primary Dependents | \$28,600 or Less | 1 O | \$82.00 | \$510.27 | \$592.27 | \$164.00 | \$1,020.54 | \$1,184.54 |
| | \$28,601 - \$43,300 | 2 O | \$84.50 | \$507.77 | \$592.27 | \$169.00 | \$1,015.54 | \$1,184.54 |
| | \$43,301 - \$57,600 | 3 O | \$85.75 | \$506.52 | \$592.27 | \$171.50 | \$1,013.04 | \$1,184.54 |
| | \$57,601 - \$72,100 | 4 O | \$87.00 | \$505.27 | \$592.27 | \$174.00 | \$1,010.54 | \$1,184.54 |
| | \$72,101 and Over | 5 O | \$88.25 | \$504.02 | \$592.27 | \$176.50 | \$1,008.04 | \$1,184.54 |

Fiscal Year 2007
HealthLink Open Access - CF

Date 05/15/2006 9:41:56 AM

Effective July 1, 2006

| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
|---|-----|---------------------------|--------------|--------------|----------------------|--------------|--------------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | 6 A | \$0.00 | \$357.92 | \$357.92 | \$0.00 | \$715.84 | \$715.84 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$44.50 | \$516.99 | \$561.49 | \$89.00 | \$1,033.98 | \$1,122.98 |
| Member Plus 2 or More Dependents | 6 C | \$66.50 | \$641.53 | \$708.03 | \$133.00 | \$1,283.06 | \$1,416.06 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$43.00 | \$472.67 | \$515.67 | \$86.00 | \$945.34 | \$1,031.34 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$66.50 | \$641.53 | \$708.03 | \$133.00 | \$1,283.06 | \$1,416.06 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | 6 F | \$0.00 | \$157.75 | \$157.75 | \$0.00 | \$315.50 | \$315.50 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$44.50 | \$316.82 | \$361.32 | \$89.00 | \$633.64 | \$722.64 |
| Member Plus 2 or More Dependents | 6 H | \$66.50 | \$441.36 | \$507.86 | \$133.00 | \$882.72 | \$1,015.72 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$43.00 | \$272.50 | \$315.50 | \$86.00 | \$545.00 | \$631.00 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$66.50 | \$441.36 | \$507.86 | \$133.00 | \$882.72 | \$1,015.72 |

Ending Section for : **HealthLink Open Access**

Fiscal Year 2007
HMO Illinois - BY
 Effective July 1, 2006

Date 05/15/2006 9:41:56 AM

| <i>State Active Member</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | | |
|--|---------------------------|---------------|--------------|----------------------|---------------|--------------|--------------|----------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | \$28,600 or Less | 1 K | \$15.50 | \$165.28 | \$180.78 | \$31.00 | \$330.56 | \$361.56 |
| | \$28,601 - \$43,300 | 2 K | \$18.00 | \$162.78 | \$180.78 | \$36.00 | \$325.56 | \$361.56 |
| | \$43,301 - \$57,600 | 3 K | \$19.25 | \$161.53 | \$180.78 | \$38.50 | \$323.06 | \$361.56 |
| | \$57,601 - \$72,100 | 4 K | \$20.50 | \$160.28 | \$180.78 | \$41.00 | \$320.56 | \$361.56 |
| | \$72,101 and Over | 5 K | \$21.75 | \$159.03 | \$180.78 | \$43.50 | \$318.06 | \$361.56 |
| Member Plus 1 Non Medicare Dependent | \$28,600 or Less | 1 L | \$49.00 | \$283.79 | \$332.79 | \$98.00 | \$567.58 | \$665.58 |
| | \$28,601 - \$43,300 | 2 L | \$51.50 | \$281.29 | \$332.79 | \$103.00 | \$562.58 | \$665.58 |
| | \$43,301 - \$57,600 | 3 L | \$52.75 | \$280.04 | \$332.79 | \$105.50 | \$560.08 | \$665.58 |
| | \$57,601 - \$72,100 | 4 L | \$54.00 | \$278.79 | \$332.79 | \$108.00 | \$557.58 | \$665.58 |
| | \$72,101 and Over | 5 L | \$55.25 | \$277.54 | \$332.79 | \$110.50 | \$555.08 | \$665.58 |
| Member Plus 2 or More Dependents | \$28,600 or Less | 1 M | \$65.50 | \$377.01 | \$442.51 | \$131.00 | \$754.02 | \$885.02 |
| | \$28,601 - \$43,300 | 2 M | \$68.00 | \$374.51 | \$442.51 | \$136.00 | \$749.02 | \$885.02 |
| | \$43,301 - \$57,600 | 3 M | \$69.25 | \$373.26 | \$442.51 | \$138.50 | \$746.52 | \$885.02 |
| | \$57,601 - \$72,100 | 4 M | \$70.50 | \$372.01 | \$442.51 | \$141.00 | \$744.02 | \$885.02 |
| | \$72,101 and Over | 5 M | \$71.75 | \$370.76 | \$442.51 | \$143.50 | \$741.52 | \$885.02 |
| Member Plus 1 Medicare Primary Dependent | \$28,600 or Less | 1 N | \$47.00 | \$251.63 | \$298.63 | \$94.00 | \$503.26 | \$597.26 |
| | \$28,601 - \$43,300 | 2 N | \$49.50 | \$249.13 | \$298.63 | \$99.00 | \$498.26 | \$597.26 |
| | \$43,301 - \$57,600 | 3 N | \$50.75 | \$247.88 | \$298.63 | \$101.50 | \$495.76 | \$597.26 |
| | \$57,601 - \$72,100 | 4 N | \$52.00 | \$246.63 | \$298.63 | \$104.00 | \$493.26 | \$597.26 |
| | \$72,101 and Over | 5 N | \$53.25 | \$245.38 | \$298.63 | \$106.50 | \$490.76 | \$597.26 |
| Member Plus 2 or More Medicare Primary Dependents | \$28,600 or Less | 1 O | \$65.50 | \$377.01 | \$442.51 | \$131.00 | \$754.02 | \$885.02 |
| | \$28,601 - \$43,300 | 2 O | \$68.00 | \$374.51 | \$442.51 | \$136.00 | \$749.02 | \$885.02 |
| | \$43,301 - \$57,600 | 3 O | \$69.25 | \$373.26 | \$442.51 | \$138.50 | \$746.52 | \$885.02 |
| | \$57,601 - \$72,100 | 4 O | \$70.50 | \$372.01 | \$442.51 | \$141.00 | \$744.02 | \$885.02 |
| | \$72,101 and Over | 5 O | \$71.75 | \$370.76 | \$442.51 | \$143.50 | \$741.52 | \$885.02 |

Fiscal Year 2007
HMO Illinois - BY
 Effective July 1, 2006

Date 05/15/2006 9:41:56 AM

| <u>Retiree/Annuitants/Survivors(Non Medicare)</u> | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
|---|-----|---------------------------|--------------|--------------|----------------------|--------------|--------------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | 6 A | \$0.00 | \$267.08 | \$267.08 | \$0.00 | \$534.16 | \$534.16 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$33.50 | \$385.59 | \$419.09 | \$67.00 | \$771.18 | \$838.18 |
| Member Plus 2 or More Dependents | 6 C | \$50.00 | \$478.81 | \$528.81 | \$100.00 | \$957.62 | \$1,057.62 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$31.50 | \$353.43 | \$384.93 | \$63.00 | \$706.86 | \$769.86 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$50.00 | \$478.81 | \$528.81 | \$100.00 | \$957.62 | \$1,057.62 |
| <u>Retiree/Annuitants/Survivors(Medicare)</u> | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | 6 F | \$0.00 | \$117.85 | \$117.85 | \$0.00 | \$235.70 | \$235.70 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$33.50 | \$236.36 | \$269.86 | \$67.00 | \$472.72 | \$539.72 |
| Member Plus 2 or More Dependents | 6 H | \$50.00 | \$329.58 | \$379.58 | \$100.00 | \$659.16 | \$759.16 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$31.50 | \$204.20 | \$235.70 | \$63.00 | \$408.40 | \$471.40 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$50.00 | \$329.58 | \$379.58 | \$100.00 | \$659.16 | \$759.16 |

Ending Section for : **HMO Illinois**

Fiscal Year 2007
OSF Health Plan - CA
 Effective July 1, 2006

Date 05/15/2006 9:41:56 AM

| <i>State Active Member</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | | |
|--|---------------------------|---------------|--------------|----------------------|---------------|--------------|--------------|------------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | \$28,600 or Less | 1 K | \$15.50 | \$198.58 | \$214.08 | \$31.00 | \$397.16 | \$428.16 |
| | \$28,601 - \$43,300 | 2 K | \$18.00 | \$196.08 | \$214.08 | \$36.00 | \$392.16 | \$428.16 |
| | \$43,301 - \$57,600 | 3 K | \$19.25 | \$194.83 | \$214.08 | \$38.50 | \$389.66 | \$428.16 |
| | \$57,601 - \$72,100 | 4 K | \$20.50 | \$193.58 | \$214.08 | \$41.00 | \$387.16 | \$428.16 |
| | \$72,101 and Over | 5 K | \$21.75 | \$192.33 | \$214.08 | \$43.50 | \$384.66 | \$428.16 |
| Member Plus 1 Non Medicare Dependent | \$28,600 or Less | 1 L | \$53.50 | \$340.57 | \$394.07 | \$107.00 | \$681.14 | \$788.14 |
| | \$28,601 - \$43,300 | 2 L | \$56.00 | \$338.07 | \$394.07 | \$112.00 | \$676.14 | \$788.14 |
| | \$43,301 - \$57,600 | 3 L | \$57.25 | \$336.82 | \$394.07 | \$114.50 | \$673.64 | \$788.14 |
| | \$57,601 - \$72,100 | 4 L | \$58.50 | \$335.57 | \$394.07 | \$117.00 | \$671.14 | \$788.14 |
| | \$72,101 and Over | 5 L | \$59.75 | \$334.32 | \$394.07 | \$119.50 | \$668.64 | \$788.14 |
| Member Plus 2 or More Dependents | \$28,600 or Less | 1 M | \$72.50 | \$451.26 | \$523.76 | \$145.00 | \$902.52 | \$1,047.52 |
| | \$28,601 - \$43,300 | 2 M | \$75.00 | \$448.76 | \$523.76 | \$150.00 | \$897.52 | \$1,047.52 |
| | \$43,301 - \$57,600 | 3 M | \$76.25 | \$447.51 | \$523.76 | \$152.50 | \$895.02 | \$1,047.52 |
| | \$57,601 - \$72,100 | 4 M | \$77.50 | \$446.26 | \$523.76 | \$155.00 | \$892.52 | \$1,047.52 |
| | \$72,101 and Over | 5 M | \$78.75 | \$445.01 | \$523.76 | \$157.50 | \$890.02 | \$1,047.52 |
| Member Plus 1 Medicare Primary Dependent | \$28,600 or Less | 1 N | \$52.00 | \$301.58 | \$353.58 | \$104.00 | \$603.16 | \$707.16 |
| | \$28,601 - \$43,300 | 2 N | \$54.50 | \$299.08 | \$353.58 | \$109.00 | \$598.16 | \$707.16 |
| | \$43,301 - \$57,600 | 3 N | \$55.75 | \$297.83 | \$353.58 | \$111.50 | \$595.66 | \$707.16 |
| | \$57,601 - \$72,100 | 4 N | \$57.00 | \$296.58 | \$353.58 | \$114.00 | \$593.16 | \$707.16 |
| | \$72,101 and Over | 5 N | \$58.25 | \$295.33 | \$353.58 | \$116.50 | \$590.66 | \$707.16 |
| Member Plus 2 or More Medicare Primary Dependents | \$28,600 or Less | 1 O | \$72.50 | \$451.26 | \$523.76 | \$145.00 | \$902.52 | \$1,047.52 |
| | \$28,601 - \$43,300 | 2 O | \$75.00 | \$448.76 | \$523.76 | \$150.00 | \$897.52 | \$1,047.52 |
| | \$43,301 - \$57,600 | 3 O | \$76.25 | \$447.51 | \$523.76 | \$152.50 | \$895.02 | \$1,047.52 |
| | \$57,601 - \$72,100 | 4 O | \$77.50 | \$446.26 | \$523.76 | \$155.00 | \$892.52 | \$1,047.52 |
| | \$72,101 and Over | 5 O | \$78.75 | \$445.01 | \$523.76 | \$157.50 | \$890.02 | \$1,047.52 |

Fiscal Year 2007
OSF Health Plan - CA
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| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|---|---------------------------|--------------|--------------|----------------------|--------------|--------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$316.36 | \$316.36 | \$0.00 | \$632.72 | \$632.72 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$38.00 | \$458.35 | \$496.35 | \$76.00 | \$916.70 | \$992.70 |
| Member Plus 2 or More Dependents | 6 C | \$57.00 | \$569.04 | \$626.04 | \$114.00 | \$1,138.08 | \$1,252.08 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$36.50 | \$419.36 | \$455.86 | \$73.00 | \$838.72 | \$911.72 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$57.00 | \$569.04 | \$626.04 | \$114.00 | \$1,138.08 | \$1,252.08 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$139.50 | \$139.50 | \$0.00 | \$279.00 | \$279.00 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$38.00 | \$281.49 | \$319.49 | \$76.00 | \$562.98 | \$638.98 |
| Member Plus 2 or More Dependents | 6 H | \$57.00 | \$392.18 | \$449.18 | \$114.00 | \$784.36 | \$898.36 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$36.50 | \$242.50 | \$279.00 | \$73.00 | \$485.00 | \$558.00 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$57.00 | \$392.18 | \$449.18 | \$114.00 | \$784.36 | \$898.36 |

***Ending Section for :* OSF Health Plan**

Fiscal Year 2007
OSF Winnebago - CE
 Effective July 1, 2006

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| <i>State Active Member</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | | |
|--|---------------------------|-----|---------------|----------------------|--------------|---------------|--------------|--------------|
| | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | \$28,600 or Less | 1 K | \$15.50 | \$235.35 | \$250.85 | \$31.00 | \$470.70 | \$501.70 |
| | \$28,601 - \$43,300 | 2 K | \$18.00 | \$232.85 | \$250.85 | \$36.00 | \$465.70 | \$501.70 |
| | \$43,301 - \$57,600 | 3 K | \$19.25 | \$231.60 | \$250.85 | \$38.50 | \$463.20 | \$501.70 |
| | \$57,601 - \$72,100 | 4 K | \$20.50 | \$230.35 | \$250.85 | \$41.00 | \$460.70 | \$501.70 |
| | \$72,101 and Over | 5 K | \$21.75 | \$229.10 | \$250.85 | \$43.50 | \$458.20 | \$501.70 |
| Member Plus 1 Non Medicare Dependent | \$28,600 or Less | 1 L | \$61.00 | \$402.05 | \$463.05 | \$122.00 | \$804.10 | \$926.10 |
| | \$28,601 - \$43,300 | 2 L | \$63.50 | \$399.55 | \$463.05 | \$127.00 | \$799.10 | \$926.10 |
| | \$43,301 - \$57,600 | 3 L | \$64.75 | \$398.30 | \$463.05 | \$129.50 | \$796.60 | \$926.10 |
| | \$57,601 - \$72,100 | 4 L | \$66.00 | \$397.05 | \$463.05 | \$132.00 | \$794.10 | \$926.10 |
| | \$72,101 and Over | 5 L | \$67.25 | \$395.80 | \$463.05 | \$134.50 | \$791.60 | \$926.10 |
| Member Plus 2 or More Dependents | \$28,600 or Less | 1 M | \$83.50 | \$543.13 | \$626.63 | \$167.00 | \$1,086.26 | \$1,253.26 |
| | \$28,601 - \$43,300 | 2 M | \$86.00 | \$540.63 | \$626.63 | \$172.00 | \$1,081.26 | \$1,253.26 |
| | \$43,301 - \$57,600 | 3 M | \$87.25 | \$539.38 | \$626.63 | \$174.50 | \$1,078.76 | \$1,253.26 |
| | \$57,601 - \$72,100 | 4 M | \$88.50 | \$538.13 | \$626.63 | \$177.00 | \$1,076.26 | \$1,253.26 |
| | \$72,101 and Over | 5 M | \$89.75 | \$536.88 | \$626.63 | \$179.50 | \$1,073.76 | \$1,253.26 |
| Member Plus 1 Medicare Primary Dependent | \$28,600 or Less | 1 N | \$59.50 | \$355.70 | \$415.20 | \$119.00 | \$711.40 | \$830.40 |
| | \$28,601 - \$43,300 | 2 N | \$62.00 | \$353.20 | \$415.20 | \$124.00 | \$706.40 | \$830.40 |
| | \$43,301 - \$57,600 | 3 N | \$63.25 | \$351.95 | \$415.20 | \$126.50 | \$703.90 | \$830.40 |
| | \$57,601 - \$72,100 | 4 N | \$64.50 | \$350.70 | \$415.20 | \$129.00 | \$701.40 | \$830.40 |
| | \$72,101 and Over | 5 N | \$65.75 | \$349.45 | \$415.20 | \$131.50 | \$698.90 | \$830.40 |
| Member Plus 2 or More Medicare Primary Dependents | \$28,600 or Less | 1 O | \$83.50 | \$543.13 | \$626.63 | \$167.00 | \$1,086.26 | \$1,253.26 |
| | \$28,601 - \$43,300 | 2 O | \$86.00 | \$540.63 | \$626.63 | \$172.00 | \$1,081.26 | \$1,253.26 |
| | \$43,301 - \$57,600 | 3 O | \$87.25 | \$539.38 | \$626.63 | \$174.50 | \$1,078.76 | \$1,253.26 |
| | \$57,601 - \$72,100 | 4 O | \$88.50 | \$538.13 | \$626.63 | \$177.00 | \$1,076.26 | \$1,253.26 |
| | \$72,101 and Over | 5 O | \$89.75 | \$536.88 | \$626.63 | \$179.50 | \$1,073.76 | \$1,253.26 |

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 Effective July 1, 2006

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| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|---|---------------------------|--------------|--------------|----------------------|--------------|--------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$366.65 | \$366.65 | \$0.00 | \$733.30 | \$733.30 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$45.50 | \$533.35 | \$578.85 | \$91.00 | \$1,066.70 | \$1,157.70 |
| Member Plus 2 or More Dependents | 6 C | \$68.00 | \$674.43 | \$742.43 | \$136.00 | \$1,348.86 | \$1,484.86 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$44.00 | \$487.00 | \$531.00 | \$88.00 | \$974.00 | \$1,062.00 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$68.00 | \$674.43 | \$742.43 | \$136.00 | \$1,348.86 | \$1,484.86 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$164.38 | \$164.38 | \$0.00 | \$328.76 | \$328.76 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$45.50 | \$331.08 | \$376.58 | \$91.00 | \$662.16 | \$753.16 |
| Member Plus 2 or More Dependents | 6 H | \$68.00 | \$472.16 | \$540.16 | \$136.00 | \$944.32 | \$1,080.32 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$44.00 | \$284.73 | \$328.73 | \$88.00 | \$569.46 | \$657.46 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$68.00 | \$472.16 | \$540.16 | \$136.00 | \$944.32 | \$1,080.32 |

Ending Section for : **OSF Winnebago**

Fiscal Year 2007
Personal Care HMO - AS
 Effective July 1, 2006

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| <i>State Active Member</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | | |
|--|---------------------------|---------------|--------------|----------------------|---------------|--------------|--------------|----------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | \$28,600 or Less | 1 K | \$15.50 | \$187.90 | \$203.40 | \$31.00 | \$375.80 | \$406.80 |
| | \$28,601 - \$43,300 | 2 K | \$18.00 | \$185.40 | \$203.40 | \$36.00 | \$370.80 | \$406.80 |
| | \$43,301 - \$57,600 | 3 K | \$19.25 | \$184.15 | \$203.40 | \$38.50 | \$368.30 | \$406.80 |
| | \$57,601 - \$72,100 | 4 K | \$20.50 | \$182.90 | \$203.40 | \$41.00 | \$365.80 | \$406.80 |
| | \$72,101 and Over | 5 K | \$21.75 | \$181.65 | \$203.40 | \$43.50 | \$363.30 | \$406.80 |
| Member Plus 1 Non Medicare Dependent | \$28,600 or Less | 1 L | \$53.50 | \$320.91 | \$374.41 | \$107.00 | \$641.82 | \$748.82 |
| | \$28,601 - \$43,300 | 2 L | \$56.00 | \$318.41 | \$374.41 | \$112.00 | \$636.82 | \$748.82 |
| | \$43,301 - \$57,600 | 3 L | \$57.25 | \$317.16 | \$374.41 | \$114.50 | \$634.32 | \$748.82 |
| | \$57,601 - \$72,100 | 4 L | \$58.50 | \$315.91 | \$374.41 | \$117.00 | \$631.82 | \$748.82 |
| | \$72,101 and Over | 5 L | \$59.75 | \$314.66 | \$374.41 | \$119.50 | \$629.32 | \$748.82 |
| Member Plus 2 or More Dependents | \$28,600 or Less | 1 M | \$72.50 | \$425.20 | \$497.70 | \$145.00 | \$850.40 | \$995.40 |
| | \$28,601 - \$43,300 | 2 M | \$75.00 | \$422.70 | \$497.70 | \$150.00 | \$845.40 | \$995.40 |
| | \$43,301 - \$57,600 | 3 M | \$76.25 | \$421.45 | \$497.70 | \$152.50 | \$842.90 | \$995.40 |
| | \$57,601 - \$72,100 | 4 M | \$77.50 | \$420.20 | \$497.70 | \$155.00 | \$840.40 | \$995.40 |
| | \$72,101 and Over | 5 M | \$78.75 | \$418.95 | \$497.70 | \$157.50 | \$837.90 | \$995.40 |
| Member Plus 1 Medicare Primary Dependent | \$28,600 or Less | 1 N | \$51.50 | \$284.46 | \$335.96 | \$103.00 | \$568.92 | \$671.92 |
| | \$28,601 - \$43,300 | 2 N | \$54.00 | \$281.96 | \$335.96 | \$108.00 | \$563.92 | \$671.92 |
| | \$43,301 - \$57,600 | 3 N | \$55.25 | \$280.71 | \$335.96 | \$110.50 | \$561.42 | \$671.92 |
| | \$57,601 - \$72,100 | 4 N | \$56.50 | \$279.46 | \$335.96 | \$113.00 | \$558.92 | \$671.92 |
| | \$72,101 and Over | 5 N | \$57.75 | \$278.21 | \$335.96 | \$115.50 | \$556.42 | \$671.92 |
| Member Plus 2 or More Medicare Primary Dependents | \$28,600 or Less | 1 O | \$72.50 | \$425.20 | \$497.70 | \$145.00 | \$850.40 | \$995.40 |
| | \$28,601 - \$43,300 | 2 O | \$75.00 | \$422.70 | \$497.70 | \$150.00 | \$845.40 | \$995.40 |
| | \$43,301 - \$57,600 | 3 O | \$76.25 | \$421.45 | \$497.70 | \$152.50 | \$842.90 | \$995.40 |
| | \$57,601 - \$72,100 | 4 O | \$77.50 | \$420.20 | \$497.70 | \$155.00 | \$840.40 | \$995.40 |
| | \$72,101 and Over | 5 O | \$78.75 | \$418.95 | \$497.70 | \$157.50 | \$837.90 | \$995.40 |

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Personal Care HMO - AS
 Effective July 1, 2006

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| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|---|---------------------------|--------------|--------------|----------------------|--------------|--------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$300.56 | \$300.56 | \$0.00 | \$601.12 | \$601.12 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$38.00 | \$433.57 | \$471.57 | \$76.00 | \$867.14 | \$943.14 |
| Member Plus 2 or More Dependents | 6 C | \$57.00 | \$537.86 | \$594.86 | \$114.00 | \$1,075.72 | \$1,189.72 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$36.00 | \$397.12 | \$433.12 | \$72.00 | \$794.24 | \$866.24 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$57.00 | \$537.86 | \$594.86 | \$114.00 | \$1,075.72 | \$1,189.72 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$132.56 | \$132.56 | \$0.00 | \$265.12 | \$265.12 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$38.00 | \$265.57 | \$303.57 | \$76.00 | \$531.14 | \$607.14 |
| Member Plus 2 or More Dependents | 6 H | \$57.00 | \$369.86 | \$426.86 | \$114.00 | \$739.72 | \$853.72 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$36.00 | \$229.12 | \$265.12 | \$72.00 | \$458.24 | \$530.24 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$57.00 | \$369.86 | \$426.86 | \$114.00 | \$739.72 | \$853.72 |

Ending Section for : **Personal Care HMO**

Fiscal Year 2007
UniCare HMO - CC
 Effective July 1, 2006

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| <i>State Active Member</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | | |
|--|---------------------------|---------------|--------------|----------------------|---------------|--------------|--------------|----------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | \$28,600 or Less | 1 K | \$15.50 | \$178.09 | \$193.59 | \$31.00 | \$356.18 | \$387.18 |
| | \$28,601 - \$43,300 | 2 K | \$18.00 | \$175.59 | \$193.59 | \$36.00 | \$351.18 | \$387.18 |
| | \$43,301 - \$57,600 | 3 K | \$19.25 | \$174.34 | \$193.59 | \$38.50 | \$348.68 | \$387.18 |
| | \$57,601 - \$72,100 | 4 K | \$20.50 | \$173.09 | \$193.59 | \$41.00 | \$346.18 | \$387.18 |
| | \$72,101 and Over | 5 K | \$21.75 | \$171.84 | \$193.59 | \$43.50 | \$343.68 | \$387.18 |
| Member Plus 1 Non Medicare Dependent | \$28,600 or Less | 1 L | \$48.50 | \$307.86 | \$356.36 | \$97.00 | \$615.72 | \$712.72 |
| | \$28,601 - \$43,300 | 2 L | \$51.00 | \$305.36 | \$356.36 | \$102.00 | \$610.72 | \$712.72 |
| | \$43,301 - \$57,600 | 3 L | \$52.25 | \$304.11 | \$356.36 | \$104.50 | \$608.22 | \$712.72 |
| | \$57,601 - \$72,100 | 4 L | \$53.50 | \$302.86 | \$356.36 | \$107.00 | \$605.72 | \$712.72 |
| | \$72,101 and Over | 5 L | \$54.75 | \$301.61 | \$356.36 | \$109.50 | \$603.22 | \$712.72 |
| Member Plus 2 or More Dependents | \$28,600 or Less | 1 M | \$64.00 | \$409.76 | \$473.76 | \$128.00 | \$819.52 | \$947.52 |
| | \$28,601 - \$43,300 | 2 M | \$66.50 | \$407.26 | \$473.76 | \$133.00 | \$814.52 | \$947.52 |
| | \$43,301 - \$57,600 | 3 M | \$67.75 | \$406.01 | \$473.76 | \$135.50 | \$812.02 | \$947.52 |
| | \$57,601 - \$72,100 | 4 M | \$69.00 | \$404.76 | \$473.76 | \$138.00 | \$809.52 | \$947.52 |
| | \$72,101 and Over | 5 M | \$70.25 | \$403.51 | \$473.76 | \$140.50 | \$807.02 | \$947.52 |
| Member Plus 1 Medicare Primary Dependent | \$28,600 or Less | 1 N | \$46.00 | \$273.77 | \$319.77 | \$92.00 | \$547.54 | \$639.54 |
| | \$28,601 - \$43,300 | 2 N | \$48.50 | \$271.27 | \$319.77 | \$97.00 | \$542.54 | \$639.54 |
| | \$43,301 - \$57,600 | 3 N | \$49.75 | \$270.02 | \$319.77 | \$99.50 | \$540.04 | \$639.54 |
| | \$57,601 - \$72,100 | 4 N | \$51.00 | \$268.77 | \$319.77 | \$102.00 | \$537.54 | \$639.54 |
| | \$72,101 and Over | 5 N | \$52.25 | \$267.52 | \$319.77 | \$104.50 | \$535.04 | \$639.54 |
| Member Plus 2 or More Medicare Primary Dependents | \$28,600 or Less | 1 O | \$64.00 | \$409.76 | \$473.76 | \$128.00 | \$819.52 | \$947.52 |
| | \$28,601 - \$43,300 | 2 O | \$66.50 | \$407.26 | \$473.76 | \$133.00 | \$814.52 | \$947.52 |
| | \$43,301 - \$57,600 | 3 O | \$67.75 | \$406.01 | \$473.76 | \$135.50 | \$812.02 | \$947.52 |
| | \$57,601 - \$72,100 | 4 O | \$69.00 | \$404.76 | \$473.76 | \$138.00 | \$809.52 | \$947.52 |
| | \$72,101 and Over | 5 O | \$70.25 | \$403.51 | \$473.76 | \$140.50 | \$807.02 | \$947.52 |

Fiscal Year 2007
UniCare HMO - CC
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| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|---|---------------------------|--------------|--------------|----------------------|--------------|--------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$286.04 | \$286.04 | \$0.00 | \$572.08 | \$572.08 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$33.00 | \$415.81 | \$448.81 | \$66.00 | \$831.62 | \$897.62 |
| Member Plus 2 or More Dependents | 6 C | \$48.50 | \$517.71 | \$566.21 | \$97.00 | \$1,035.42 | \$1,132.42 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$30.50 | \$381.72 | \$412.22 | \$61.00 | \$763.44 | \$824.44 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$48.50 | \$517.71 | \$566.21 | \$97.00 | \$1,035.42 | \$1,132.42 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$126.18 | \$126.18 | \$0.00 | \$252.36 | \$252.36 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$33.00 | \$255.95 | \$288.95 | \$66.00 | \$511.90 | \$577.90 |
| Member Plus 2 or More Dependents | 6 H | \$48.50 | \$357.85 | \$406.35 | \$97.00 | \$715.70 | \$812.70 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$30.50 | \$221.86 | \$252.36 | \$61.00 | \$443.72 | \$504.72 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$48.50 | \$357.85 | \$406.35 | \$97.00 | \$715.70 | \$812.70 |

Ending Section for : **UniCare HMO**

FY2007 DENTAL RATE TABLE DESCRIPTION

The attached rates apply to:

1. Employees active on payroll
2. Employees on a leave of absence, layoff, etc.
3. Retirees, annuitants and survivors
4. Domestic Partners

The amount a person pays depends upon the carrier selected and the type of enrollee: active employee, domestic partner, leave of absence, retiree/annuitant or survivor.

- ◆ Active employee rates are based on the employment status of the employee, either full-time or part-time. For part-time employees, the State contribution is based on the percentage of time worked, i.e., for an employee who works 80% of a normal work period, the State would contribute 80% of the amount in the “State” paid columns on the rate tables and the employee would pay 20% of the “State” paid amount (this amount is in addition to the salary based premium for health and any dependent costs). See the Group Insurance Manual for instructions on how to calculate the premium for part-time employees.
- ◆ Rates for members on a leave of absence are based on the type of leave. For example, a member on non-State paid leave must pay 100% of the premium (there is no State-paid contribution) whereas a full-time person on State-paid leave would pay the same amount as if he/she were on payroll (the State would continue to contribute their portion towards the cost of coverage for the member and any covered dependents).
- ◆ The rate for a Domestic Partner who does not qualify as an IRS dependent is the ‘One Dependent’ premium amount, regardless of the number of dependents on the member’s coverage. The member will be direct billed monthly for Domestic Partner coverage at the ‘One Dependent’ premium amount only (any other premium a member owes would continue to be payroll deducted).
- ◆ The rate for an IRS-qualified Domestic Partner is the same as the amount charged for any other dependent and must be payroll deducted pre-tax.

RATE CATEGORIES

The dental rate categories are divided into two groups (see below):

Active Members with Access

Members active on payroll or on a leave of absence who choose to participate in the Quality Care Dental Plan are required to pay a premium for their dental coverage. The ‘Active Members with Access’ rate table indicates the premium to be paid by the member and the amount the State contributes for full-time active employees who have access to a dental provider.

Active Members without Access and Retirees, Annuitants and Survivors

Retirees, annuitants and survivors are not required to pay a premium for dental coverage under the Quality Care Dental Plan. The ‘Active Members – No Access, Retirees, Annuitants and Survivors’ rate table indicates the State-paid contribution for these members, as well as, active employees without access to a dental provider.

DEDUCT CODES

Each rate table includes the dental deduct codes which should be used for payroll coding of members. There are three categories of premiums: members with single coverage, members with one dependent and members with two or more dependents. The rate for a member with two or more dependents is the same regardless of the number of dependents.

The deduct codes for each of the plans are as follows:

| | |
|--|------------|
| D6 - Quality Care Dental plan for State Active Members with Access | W1, X1, X2 |
| D6 - Quality Care Dental plan for Retirees, Annuitants and Survivors and Active Members without Access | S1, T1, T2 |

DENTAL RATES

05/15/2006

Page 1 of 1

Fiscal Year 2007

Effective July 1, 2006

The following codes and rates may be used for calculating employee paid dental, such as in the case of members on non-state paid leave of absence.

Quality Care Dental - D6

Active Members With Access

| | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
|----------------------------|----|---------------------------|--------------|--------------|----------------------|--------------|--------------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | W1 | \$5.00 | \$8.18 | \$13.18 | \$10.00 | \$16.36 | \$26.36 |
| Member Plus One Dependent | X1 | \$7.50 | \$16.60 | \$24.10 | \$15.00 | \$33.20 | \$48.20 |
| Member Plus Two Dependents | X2 | \$8.75 | \$33.66 | \$42.41 | \$17.50 | \$67.32 | \$84.82 |

Active Members - No Access, Retirees, Annuitants and Survivors

| | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
|----------------------------|----|---------------------------|--------------|--------------|----------------------|--------------|--------------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | S1 | \$0.00 | \$13.18 | \$13.18 | \$0.00 | \$26.36 | \$26.36 |
| Member Plus One Dependent | T1 | \$0.00 | \$24.10 | \$24.10 | \$0.00 | \$48.20 | \$48.20 |
| Member Plus Two Dependents | T2 | \$0.00 | \$42.41 | \$42.41 | \$0.00 | \$84.82 | \$84.82 |

Department of Central Management Services
Group Insurance Division

**FY2007 Health and Dental
COBRA Rate Tables**

July 1, 2006 – June 30, 2007

FY2007 COBRA RATE TABLE DESCRIPTION

The amount a person pays for COBRA coverage is 100% of the rate paid for actively working members plus a 2% administrative fee.

DEFINITION OF TYPES OF COVERAGE

Member Only: Single coverage; the member has no dependents covered under his/her health plan.

Member Plus 1 NonMed Dependent: The member is covered and has one dependent enrolled. The dependent is not enrolled in Medicare or the dependent is **not enrolled in both** Parts A and B of Medicare (the State is primary claim payer for either Part A or B).

Member Plus 2 or More Dependents: This category includes a member with two or more dependents enrolled where: 1) the dependents are not enrolled in Medicare, 2) the State is primary claim payer for Part A or B, but not both, or 3) there is a combination of dependents who have Medicare primary and NonMedicare coverage.

Member Plus 1 Medicare Dependent: The member is covered and has one dependent covered. Medicare is primary claim payer for **both** Parts A and B for the dependent or the dependent is enrolled in premium free Part A of Medicare, is not purchasing Part B and Part B benefits are being reduced.

Member Plus 2 or More Medicare Dependents: The member is covered and has two or more dependents covered. Medicare is primary claim payer for **both** Parts A and B for all of the dependents or the dependents are enrolled in premium free Part A of Medicare, not purchasing Part B and Part B benefits are being reduced.

NOTE: The FY2007 COBRA tables provide both monthly and semi-monthly rates. In addition, the amount a member pays for dependent coverage is displayed separately, but is included in the 'Total'. This is to assist in answering inquiries from members who need to know how much of the total premium is relative to dependent coverage.

COBRA – Fiscal Year 2007
Effective July 1, 2006

05/16/2006

QUALITY CARE HEALTH PLAN - D3

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$664.42 | \$0.00 | \$332.21 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$1363.46 | \$699.04 | \$681.73 | \$349.52 |
| Member Plus 2 or More Dependents | 1M | \$1527.01 | \$862.59 | \$763.50 | \$431.29 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$1063.44 | \$399.02 | \$531.72 | \$199.51 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1527.01 | \$862.59 | \$763.50 | \$431.29 |

HEALTH ALLIANCE HMO - AH

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$444.94 | \$0.00 | \$222.47 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$819.01 | \$374.07 | \$409.50 | \$187.03 |
| Member Plus 2 or More Dependents | 1M | \$1088.51 | \$643.57 | \$544.25 | \$321.78 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$734.86 | \$289.92 | \$367.43 | \$144.96 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1088.51 | \$643.57 | \$544.25 | \$321.78 |

HEALTH ALLIANCE ILLINOIS - BS

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$513.18 | \$0.00 | \$256.59 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$944.57 | \$431.39 | \$472.28 | \$215.69 |
| Member Plus 2 or More Dependents | 1M | \$1255.02 | \$741.84 | \$627.51 | \$370.92 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$847.45 | \$334.27 | \$423.72 | \$167.13 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1255.02 | \$741.84 | \$627.51 | \$370.92 |

COBRA – Fiscal Year 2007

Effective July 1, 2006

05/16/2006

HEALTHLINK OAP

- CF

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$494.00 | \$0.00 | \$247.00 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$909.28 | \$415.28 | \$454.64 | \$207.64 |
| Member Plus 2 or More Dependents | 1M | \$1208.22 | \$714.22 | \$604.11 | \$357.11 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$815.81 | \$321.81 | \$407.90 | \$160.90 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1208.22 | \$714.22 | \$604.11 | \$357.11 |

HMO ILLINOIS

- BY

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$368.79 | \$0.00 | \$184.39 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$678.89 | \$310.10 | \$339.44 | \$155.05 |
| Member Plus 2 or More Dependents | 1M | \$902.71 | \$533.92 | \$451.35 | \$266.96 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$609.20 | \$240.41 | \$304.59 | \$120.20 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$902.71 | \$533.92 | \$451.35 | \$266.96 |

OSF HEALTH CARE

- CA

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$436.72 | \$0.00 | \$218.36 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$803.89 | \$367.17 | \$401.94 | \$183.58 |
| Member Plus 2 or More Dependents | 1M | \$1068.46 | \$631.74 | \$534.23 | \$315.87 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$721.30 | \$284.58 | \$360.65 | \$142.29 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1068.46 | \$631.74 | \$534.23 | \$315.87 |

COBRA – Fiscal Year 2007
Effective July 1, 2006

05/16/2006

OSF WINNEBAGO

- CE

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$511.73 | \$0.00 | \$255.86 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$944.61 | \$432.88 | \$472.30 | \$216.44 |
| Member Plus 2 or More Dependents | 1M | \$1278.32 | \$766.59 | \$639.15 | \$383.29 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$847.00 | \$335.27 | \$423.49 | \$167.63 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1278.32 | \$766.59 | \$639.15 | \$383.29 |

PERSONAL CARE HMO

- AS

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$414.93 | \$0.00 | \$207.46 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$763.79 | \$348.86 | \$381.89 | \$174.43 |
| Member Plus 2 or More Dependents | 1M | \$1015.30 | \$600.37 | \$507.64 | \$300.18 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$685.35 | \$270.42 | \$342.67 | \$135.21 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1015.30 | \$600.37 | \$507.64 | \$300.18 |

UNICARE HMO

- CC

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$394.92 | \$0.00 | \$197.46 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$726.97 | \$332.05 | \$363.48 | \$166.02 |
| Member Plus 2 or More Dependents | 1M | \$966.46 | \$571.54 | \$483.23 | \$285.77 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$652.32 | \$257.40 | \$326.16 | \$128.70 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$966.46 | \$571.54 | \$483.23 | \$285.77 |

COBRA – Fiscal Year 2007
Effective July 1, 2006

05/16/2006

QUALITY CARE DENTAL PLAN

- D6

| | | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|----------------------------------|--------------------|----------------------|------------------|---------------------------|------------------|
| | <u>Deduct Code</u> | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | S1 | \$26.88 | \$0.00 | \$13.44 | \$0.00 |
| Member Plus 1 Dependent | T1 | \$49.15 | \$22.27 | \$24.57 | \$11.13 |
| Member Plus 2 or More Dependents | T2 | \$86.50 | \$59.62 | \$43.25 | \$29.81 |
| Member Only | W1 | \$26.88 | \$0.00 | \$13.44 | \$0.00 |
| Member Plus 1 Dependent | X1 | \$49.15 | \$22.27 | \$24.57 | \$11.13 |
| Member Plus 2 or More Dependents | X2 | \$86.50 | \$59.62 | \$43.24 | \$29.80 |

**Department of Central Management Services
Bureau of Benefits
Group Insurance Division**

FY2007 Domestic Partner Reimbursement Worksheet

Agency Name: _____

Pay Period - Beginning Date: ____ / ____ / ____ Ending Date: ____ / ____ / ____

Appropriation Account Code No.: ____ - ____ - ____ - ____ - ____

Pay Code: _____

(One worksheet is required per paycode)

| <u>Health and Dental Insurance</u> | <u>Number of Employees</u> | <u>Semi-Monthly Rate</u> | <u>Reimbursement Payment</u> | <u>Total</u> |
|---|--------------------------------|------------------------------|----------------------------------|--------------|
| Quality Care Plan | | | | |
| 1 Dependent | _____ X | \$263.10 | \$ _____ | |
| HMO Plans / Open Access Plan / Quality Care w/o access | | | | |
| 1 Dependent | _____ X | \$145.86 | \$ _____ | |
| Semi-Monthly Health and Dental Insurance Reimbursement | | | (A) \$ | _____ |
| Monthly G. I. Reimbursement (use for employees on monthly payroll) | | | (A x 2) \$ | _____ |

**Department of Central Management Services
Bureau of Benefits
Group Insurance Division**

FY2007 Reimbursement Worksheet

Agency Name: _____

Pay Period - Beginning Date: ___ / ___ / ___ Ending Date: ___ / ___ / ___

Appropriation Account code No.: _____ - _____ - _____ - _____ - _____

Pay Code: _____

(One worksheet is required per paycode.)

| <u>Health Insurance Only</u> | <u>Number of Employees</u> | <u>Semi-Monthly Rate</u> | <u>Reimbursement Payment</u> | <u>Total</u> |
|---|--------------------------------|------------------------------|----------------------------------|--------------|
| Quality Care Plan | | | | |
| Member Only | _____ X | \$476.43 | \$ _____ | |
| Member & 1 Dependent | _____ X | \$731.11 | \$ _____ | |
| Member & 2 or more Dependents | _____ X | \$794.44 | \$ _____ | |
| HMO Plans / Open Access Plan / Quality Care w/o access | | | | |
| Member only | _____ X | \$377.22 | \$ _____ | |
| Member & 1 Dependent | _____ X | \$514.66 | \$ _____ | |
| Member & 2 or more Dependents | _____ X | \$623.26 | \$ _____ | |
| Semi-Monthly Health Reimbursement | | | (A) \$ _____ | |
| <u>Life Insurance</u> | | | | |
| Member Only* | _____ X | \$10.60 | = | (B) \$ _____ |
| Semi-Monthly G. I. Reimbursement | | | (A + B) \$ _____ | |
| | | | | OR |
| Monthly G. I. Reimbursement | | | ((A + B) x 2) \$ _____ | |

* Each person, including part-time employees, are counted as a whole person.

**Department of Central Management Services
Bureau of Benefits
Group Insurance Division**

FY2007 Reimbursement Worksheet

Agency Name: _____

Pay Period - Beginning Date: ___ / ___ / ___ Ending Date: ___ / ___ / ___

Appropriation Account code No.: _____ - _____ - _____ - _____ - _____

Pay Code: _____

(One worksheet is required per paycode.)

| <u>Health & Dental Insurance Combined</u> | <u>Number of Employees</u> | <u>Semi-Monthly Rate</u> | <u>Reimbursement Payment</u> | <u>Total</u> |
|---|--------------------------------|------------------------------|----------------------------------|--------------|
| Quality Care Plan | | | | |
| Member Only | _____ X | \$484.61 | \$ _____ | |
| Member & 1 Dependent | _____ X | \$747.71 | \$ _____ | |
| Member & 2 or more Dependents | _____ X | \$828.10 | \$ _____ | |
| HMO Plans / Open Access Plan / Quality Care w/o access | | | | |
| Member only | _____ X | \$385.40 | \$ _____ | |
| Member & 1 Dependent | _____ X | \$531.26 | \$ _____ | |
| Member & 2 or more Dependents | _____ X | \$656.92 | \$ _____ | |
| Semi-Monthly Health Insurance Reimbursement | | | (A) \$ _____ | |
| <u>Life Insurance</u> | | | | |
| Member Only* | _____ X | \$10.60 | = | (B) \$ _____ |
| Semi-Monthly G. I. Reimbursement | | | (A + B) \$ _____ | |
| | | | | OR |
| Monthly G. I. Reimbursement | | | ((A + B) x 2) \$ _____ | |

* Each person, including part-time employees, are counted as a whole person.

**Department of Central Management Services
Bureau of Benefits
Group Insurance Division**

FY2007 Reimbursement Cross Reference Directory Of Carrier/Plan Codes

| Insurance Plan | Health Only | | Health & Life Combined | | Carrier Code | Deduct Code |
|---|-------------|------------|------------------------|------------|-----------------------------------|----------------|
| | S/M Rate | Mo. Rate | S/M Rate | Mo. Rate | | |
| Health Insurance | | | | | | |
| Quality Care - Member | \$476.43 | \$952.86 | \$487.03 | \$974.06 | D3 | (1-5)K |
| Quality Care - Member & 1 Dependent | \$731.11 | \$1,462.22 | \$741.71 | \$1,483.42 | D3 | (1-5)L; (1-5)N |
| Quality Care - Member & 2 or more Dependents | \$794.44 | \$1,588.88 | \$805.04 | \$1,610.08 | D3 | (1-5)M; (1-5)O |
| Quality Care w/o HMO Access - Member | \$377.22 | \$754.44 | \$387.82 | \$775.64 | D1 | (1-5)K |
| Quality Care w/o HMO Access - Member & 1 Dependent | \$514.66 | \$1,029.32 | \$525.26 | \$1,050.52 | D1 | (1-5)L; (1-5)N |
| Quality Care w/o HMO Access - Member & 2 or more Dependents | \$623.26 | \$1,246.52 | \$633.86 | \$1,267.72 | D1 | (1-5)M; (1-5)O |
| HMO - Member | \$377.22 | \$754.44 | \$387.82 | \$775.64 | AH, AS, BS, BY, CA, CC, CE, CF | (1-5)K |
| HMO - Member & 1 Dependent | \$514.66 | \$1,029.32 | \$525.26 | \$1,050.52 | AH, AS, BS, BY, CA, CC, CE, CF | (1-5)L; (1-5)N |
| HMO - Member & 2 or more Dependents | \$623.26 | \$1,246.52 | \$633.86 | \$1,267.72 | AH, AS, BS, BY, CA, CC, CE, CF | (1-5)M; (1-5)O |
| Dental Insurance | | | | | | |
| Quality Care Dental - Member | \$8.18 | \$16.36 | \$8.18 | \$16.36 | D6 | W1; S1 |
| Quality Care Dental - Member & 1 Dependent | \$16.60 | \$33.20 | \$16.60 | \$33.20 | D6 | X1; T1 |
| Quality Care Dental - Member & 2 or more Dependents | \$33.66 | \$67.32 | \$33.66 | \$67.32 | D6 | X2; T2 |
| Life Insurance | \$10.60 | \$21.20 | | | C9 | |

Department of Central Management Services
Bureau of Benefits
Group Insurance Division

FY2007 Reimbursement Composite Rate Schedule

| Monthly Table | Health | Health & Dental Combined | Health & Life Combined | Health, Dental & Life Combined |
|---|------------|-----------------------------|---------------------------|-----------------------------------|
| Health Plan | | | | |
| Quality Care - Member | \$952.86 | \$969.22 | \$974.06 | \$990.42 |
| Quality Care - Member & 1 Dependent | \$1,462.22 | \$1,495.42 | \$1,483.42 | \$1,516.62 |
| Quality Care - Member & 2 or more Dependents | \$1,588.88 | \$1,656.20 | \$1,610.08 | \$1,677.40 |
| HMO / OAP / No Access - Member | \$754.44 | \$770.80 | \$775.64 | \$792.00 |
| HMO / OAP / No Access - Member & 1 Dependent | \$1,029.32 | \$1,062.52 | \$1,050.52 | \$1,083.72 |
| HMO / OAP / No Access - Member & 2 or more Dependents | \$1,246.52 | \$1,313.84 | \$1,267.72 | \$1,335.04 |
| | | | | |
| | Life | Life | | |
| Life Insurance | \$21.20 | \$21.20 | | |

| Semi-Monthly Table | Health | Health & Dental Combined | Health & Life Combined | Health, Dental & Life Combined |
|---|----------|-----------------------------|---------------------------|-----------------------------------|
| Health Plan | | | | |
| Quality Care - Member | \$476.43 | \$484.61 | \$487.03 | \$495.21 |
| Quality Care - Member & 1 Dependent | \$731.11 | \$747.71 | \$741.71 | \$758.31 |
| Quality Care - Member & 2 or more Dependents | \$794.44 | \$828.10 | \$805.04 | \$838.70 |
| HMO / OAP / No Access - Member | \$377.22 | \$385.40 | \$387.82 | \$396.00 |
| HMO / OAP / No Access - Member & 1 Dependent | \$514.66 | \$531.26 | \$525.26 | \$541.86 |
| HMO / OAP / No Access - Member & 2 or more Dependents | \$623.26 | \$656.92 | \$633.86 | \$667.52 |
| | | | | |
| | Life | Life | | |
| Life Insurance | \$10.60 | \$10.60 | | |

Department of Central Management Services
Bureau of Benefits

**University Permanent Layoff
Reimbursement Calculation Worksheet**

FY 2007 Reimbursement Rates

University Name: _____

Pay Period - Beginning Date: ___/___/___ Ending Date: ___/___/___

Appropriation Account code No.: _____ - _____ - _____ - _____

Pay Code: _____

(One worksheet is required per paycode.)

| <u>Health Insurance</u> | <u>Number of Employees</u> | <u>Semi-Monthly Rate *</u> | | <u>Reimbursement Payment</u> | <u>Total</u> |
|--|----------------------------|----------------------------|-----------------|------------------------------|--------------|
| | | <u>Employer</u> | <u>Employee</u> | | |
| Quality Care Plan | | | | | |
| Member Only | _____ | X (\$476.43 | + \$31.47) = | \$ _____ | |
| Member & 1 Dependent | _____ | X (\$731.11 | + \$118.47) = | \$ _____ | |
| Member & 2 or more Dependents | _____ | X (\$794.44 | + \$133.47) = | \$ _____ | |
| HMO Plans / POS Plans / Quality Care w/o access | | | | | |
| Member only | _____ | X (\$377.22 | + \$19.41) = | \$ _____ | |
| Member & 1 Dependent | _____ | X (\$514.66 | + \$58.46) = | \$ _____ | |
| Member & 2 or more Dependents | _____ | X (\$623.26 | + \$77.10) = | \$ _____ | |
| Semi-Monthly Health Insurance Reimbursement | | | | (A) | \$ _____ |

| <u>Dental Insurance</u> | | | | | |
|--|-------|-------------|--------------|------------|----------|
| Quality Care Dental Plan: | | | | | |
| Member only | _____ | X (\$8.18 | + \$5.00) = | \$ _____ | |
| Member & 1 Dependent | _____ | X (\$16.60 | + \$7.50) = | \$ _____ | |
| Member & 2 or more Dependents | _____ | X (\$33.66 | + \$8.75) = | \$ _____ | |
| Semi-Monthly Dental Insurance Reimbursement | | | | (B) | \$ _____ |

| <u>Life Insurance</u> | | | | | |
|---|-------|---|---------|--------------------|--------------|
| Member Only ** | _____ | X | \$10.60 | = | (C) \$ _____ |
| Semi-Monthly G. I. Reimbursement | | | | (A + B + C) | \$ _____ |

OR

Monthly G. I. Reimbursement (A + B + C) x 2 \$ _____

* The University is responsible for reimbursing the total of the employer and employee amounts.

** Each person, including part-time employees, are counted as a whole person.

Department of Central Management Services
Group Insurance Division

**FY2006 Health and Dental
Rate Tables**

July 1, 2005 – June 30, 2006

Fiscal Year 2006
Quality Care Health Plan - D3
 Effective July 1, 2005

| State Active Member | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | | |
|--|----------------------------------|-----|----------------------|-----------------------------|---------------------|----------------------|---------------------|---------------------|
| | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | \$27,800 or Less | 1 K | \$23.00 | \$280.91 | \$303.91 | \$46.00 | \$561.82 | \$607.82 |
| | \$27,801 - \$42,000 | 2 K | \$25.50 | \$278.41 | \$303.91 | \$51.00 | \$556.82 | \$607.82 |
| | \$42,001 - \$55,900 | 3 K | \$26.75 | \$277.16 | \$303.91 | \$53.50 | \$554.32 | \$607.82 |
| | \$55,901 - \$70,000 | 4 K | \$28.00 | \$275.91 | \$303.91 | \$56.00 | \$551.82 | \$607.82 |
| | \$70,001 and Over | 5 K | \$29.25 | \$274.66 | \$303.91 | \$58.50 | \$549.32 | \$607.82 |
| Member Plus 1 Non Medicare Dependent | \$27,800 or Less | 1 L | \$104.00 | \$517.08 | \$621.08 | \$208.00 | \$1,034.16 | \$1,242.16 |
| | \$27,801 - \$42,000 | 2 L | \$106.50 | \$514.58 | \$621.08 | \$213.00 | \$1,029.16 | \$1,242.16 |
| | \$42,001 - \$55,900 | 3 L | \$107.75 | \$513.33 | \$621.08 | \$215.50 | \$1,026.66 | \$1,242.16 |
| | \$55,901 - \$70,000 | 4 L | \$109.00 | \$512.08 | \$621.08 | \$218.00 | \$1,024.16 | \$1,242.16 |
| | \$70,001 and Over | 5 L | \$110.25 | \$510.83 | \$621.08 | \$220.50 | \$1,021.66 | \$1,242.16 |
| Member Plus 2 or More Dependents | \$27,800 or Less | 1 M | \$119.00 | \$578.76 | \$697.76 | \$238.00 | \$1,157.52 | \$1,395.52 |
| | \$27,801 - \$42,000 | 2 M | \$121.50 | \$576.26 | \$697.76 | \$243.00 | \$1,152.52 | \$1,395.52 |
| | \$42,001 - \$55,900 | 3 M | \$122.75 | \$575.01 | \$697.76 | \$245.50 | \$1,150.02 | \$1,395.52 |
| | \$55,901 - \$70,000 | 4 M | \$124.00 | \$573.76 | \$697.76 | \$248.00 | \$1,147.52 | \$1,395.52 |
| | \$70,001 and Over | 5 M | \$125.25 | \$572.51 | \$697.76 | \$250.50 | \$1,145.02 | \$1,395.52 |
| Member Plus 1 Medicare Primary Dependent | \$27,800 or Less | 1 N | \$77.00 | \$412.94 | \$489.94 | \$154.00 | \$825.88 | \$979.88 |
| | \$27,801 - \$42,000 | 2 N | \$79.50 | \$410.44 | \$489.94 | \$159.00 | \$820.88 | \$979.88 |
| | \$42,001 - \$55,900 | 3 N | \$80.75 | \$409.19 | \$489.94 | \$161.50 | \$818.38 | \$979.88 |
| | \$55,901 - \$70,000 | 4 N | \$82.00 | \$407.94 | \$489.94 | \$164.00 | \$815.88 | \$979.88 |
| | \$70,001 and Over | 5 N | \$83.25 | \$406.69 | \$489.94 | \$166.50 | \$813.38 | \$979.88 |
| Member Plus 2 or More Medicare Primary Dependents | \$27,800 or Less | 1 O | \$107.50 | \$590.26 | \$697.76 | \$215.00 | \$1,180.52 | \$1,395.52 |
| | \$27,801 - \$42,000 | 2 O | \$110.00 | \$587.76 | \$697.76 | \$220.00 | \$1,175.52 | \$1,395.52 |
| | \$42,001 - \$55,900 | 3 O | \$111.25 | \$586.51 | \$697.76 | \$222.50 | \$1,173.02 | \$1,395.52 |
| | \$55,901 - \$70,000 | 4 O | \$112.50 | \$585.26 | \$697.76 | \$225.00 | \$1,170.52 | \$1,395.52 |
| | \$70,001 and Over | 5 O | \$113.75 | \$584.01 | \$697.76 | \$227.50 | \$1,168.02 | \$1,395.52 |

Quality Care Health Plan - D3

Effective July 1, 2005

| <u><i>Retiree/Annuitants/Survivors(Non Medicare)</i></u> | <u><i>Semi-Monthly Rates</i></u> | | | <u><i>Monthly Rates</i></u> | | | |
|--|----------------------------------|--------------|--------------|-----------------------------|--------------|--------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$303.91 | \$303.91 | \$0.00 | \$607.82 | \$607.82 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$81.00 | \$540.08 | \$621.08 | \$162.00 | \$1,080.16 | \$1,242.16 |
| Member Plus 2 or More Dependents | 6 C | \$96.00 | \$601.76 | \$697.76 | \$192.00 | \$1,203.52 | \$1,395.52 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$54.00 | \$435.94 | \$489.94 | \$108.00 | \$871.88 | \$979.88 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$84.50 | \$613.26 | \$697.76 | \$169.00 | \$1,226.52 | \$1,395.52 |
| <u><i>Retiree/Annuitants/Survivors(Medicare)</i></u> | <u><i>Semi-Monthly Rates</i></u> | | | <u><i>Monthly Rates</i></u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$178.66 | \$178.66 | \$0.00 | \$357.32 | \$357.32 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$81.00 | \$414.83 | \$495.83 | \$162.00 | \$829.66 | \$991.66 |
| Member Plus 2 or More Dependents | 6 H | \$96.00 | \$476.51 | \$572.51 | \$192.00 | \$953.02 | \$1,145.02 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$54.00 | \$310.69 | \$364.69 | \$108.00 | \$621.38 | \$729.38 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$84.50 | \$488.01 | \$572.51 | \$169.00 | \$976.02 | \$1,145.02 |

Ending Section for :

Quality Care Health Plan

Fiscal Year 2006
Quality Care W/No Access - D1
 Effective July 1, 2005

| State Active Member | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | | |
|--|----------------------------------|-----|----------------------|-----------------------------|---------------------|----------------------|---------------------|---------------------|
| | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | \$27,800 or Less | 1 K | \$13.50 | \$186.44 | \$199.94 | \$27.00 | \$372.88 | \$399.88 |
| | \$27,801 - \$42,000 | 2 K | \$16.00 | \$183.94 | \$199.94 | \$32.00 | \$367.88 | \$399.88 |
| | \$42,001 - \$55,900 | 3 K | \$17.25 | \$182.69 | \$199.94 | \$34.50 | \$365.38 | \$399.88 |
| | \$55,901 - \$70,000 | 4 K | \$18.50 | \$181.44 | \$199.94 | \$37.00 | \$362.88 | \$399.88 |
| | \$70,001 and Over | 5 K | \$19.75 | \$180.19 | \$199.94 | \$39.50 | \$360.38 | \$399.88 |
| Member Plus 1 Non Medicare Dependent | \$27,800 or Less | 1 L | \$49.63 | \$315.99 | \$365.62 | \$99.26 | \$631.98 | \$731.24 |
| | \$27,801 - \$42,000 | 2 L | \$52.13 | \$313.49 | \$365.62 | \$104.26 | \$626.98 | \$731.24 |
| | \$42,001 - \$55,900 | 3 L | \$53.38 | \$312.24 | \$365.62 | \$106.76 | \$624.48 | \$731.24 |
| | \$55,901 - \$70,000 | 4 L | \$54.63 | \$310.99 | \$365.62 | \$109.26 | \$621.98 | \$731.24 |
| | \$70,001 and Over | 5 L | \$55.88 | \$309.74 | \$365.62 | \$111.76 | \$619.48 | \$731.24 |
| Member Plus 2 or More Dependents | \$27,800 or Less | 1 M | \$68.65 | \$417.69 | \$486.34 | \$137.30 | \$835.38 | \$972.68 |
| | \$27,801 - \$42,000 | 2 M | \$71.15 | \$415.19 | \$486.34 | \$142.30 | \$830.38 | \$972.68 |
| | \$42,001 - \$55,900 | 3 M | \$72.40 | \$413.94 | \$486.34 | \$144.80 | \$827.88 | \$972.68 |
| | \$55,901 - \$70,000 | 4 M | \$73.65 | \$412.69 | \$486.34 | \$147.30 | \$825.38 | \$972.68 |
| | \$70,001 and Over | 5 M | \$74.90 | \$411.44 | \$486.34 | \$149.80 | \$822.88 | \$972.68 |
| Member Plus 1 Medicare Primary Dependent | \$27,800 or Less | 1 N | \$47.57 | \$281.59 | \$329.16 | \$95.14 | \$563.18 | \$658.32 |
| | \$27,801 - \$42,000 | 2 N | \$50.07 | \$279.09 | \$329.16 | \$100.14 | \$558.18 | \$658.32 |
| | \$42,001 - \$55,900 | 3 N | \$51.32 | \$277.84 | \$329.16 | \$102.64 | \$555.68 | \$658.32 |
| | \$55,901 - \$70,000 | 4 N | \$52.57 | \$276.59 | \$329.16 | \$105.14 | \$553.18 | \$658.32 |
| | \$70,001 and Over | 5 N | \$53.82 | \$275.34 | \$329.16 | \$107.64 | \$550.68 | \$658.32 |
| Member Plus 2 or More Medicare Primary Dependents | \$27,800 or Less | 1 O | \$68.65 | \$417.69 | \$486.34 | \$137.30 | \$835.38 | \$972.68 |
| | \$27,801 - \$42,000 | 2 O | \$71.15 | \$415.19 | \$486.34 | \$142.30 | \$830.38 | \$972.68 |
| | \$42,001 - \$55,900 | 3 O | \$72.40 | \$413.94 | \$486.34 | \$144.80 | \$827.88 | \$972.68 |
| | \$55,901 - \$70,000 | 4 O | \$73.65 | \$412.69 | \$486.34 | \$147.30 | \$825.38 | \$972.68 |
| | \$70,001 and Over | 5 O | \$74.90 | \$411.44 | \$486.34 | \$149.80 | \$822.88 | \$972.68 |

Ending Section for :

Quality Care W/No Access

Fiscal Year 2006
Health Alliance HMO - AH
 Effective July 1, 2005

Date 06/01/2005 9:06:20 AM

| <i>State Active Member</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | | |
|--|---------------------------|---------------|--------------|----------------------|---------------|--------------|--------------|----------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | \$27,800 or Less | 1 K | \$13.50 | \$189.95 | \$203.45 | \$27.00 | \$379.90 | \$406.90 |
| | \$27,801 - \$42,000 | 2 K | \$16.00 | \$187.45 | \$203.45 | \$32.00 | \$374.90 | \$406.90 |
| | \$42,001 - \$55,900 | 3 K | \$17.25 | \$186.20 | \$203.45 | \$34.50 | \$372.40 | \$406.90 |
| | \$55,901 - \$70,000 | 4 K | \$18.50 | \$184.95 | \$203.45 | \$37.00 | \$369.90 | \$406.90 |
| | \$70,001 and Over | 5 K | \$19.75 | \$183.70 | \$203.45 | \$39.50 | \$367.40 | \$406.90 |
| Member Plus 1 Non Medicare Dependent | \$27,800 or Less | 1 L | \$50.50 | \$324.00 | \$374.50 | \$101.00 | \$648.00 | \$749.00 |
| | \$27,801 - \$42,000 | 2 L | \$53.00 | \$321.50 | \$374.50 | \$106.00 | \$643.00 | \$749.00 |
| | \$42,001 - \$55,900 | 3 L | \$54.25 | \$320.25 | \$374.50 | \$108.50 | \$640.50 | \$749.00 |
| | \$55,901 - \$70,000 | 4 L | \$55.50 | \$319.00 | \$374.50 | \$111.00 | \$638.00 | \$749.00 |
| | \$70,001 and Over | 5 L | \$56.75 | \$317.75 | \$374.50 | \$113.50 | \$635.50 | \$749.00 |
| Member Plus 2 or More Dependents | \$27,800 or Less | 1 M | \$70.00 | \$427.82 | \$497.82 | \$140.00 | \$855.64 | \$995.64 |
| | \$27,801 - \$42,000 | 2 M | \$72.50 | \$425.32 | \$497.82 | \$145.00 | \$850.64 | \$995.64 |
| | \$42,001 - \$55,900 | 3 M | \$73.75 | \$424.07 | \$497.82 | \$147.50 | \$848.14 | \$995.64 |
| | \$55,901 - \$70,000 | 4 M | \$75.00 | \$422.82 | \$497.82 | \$150.00 | \$845.64 | \$995.64 |
| | \$70,001 and Over | 5 M | \$76.25 | \$421.57 | \$497.82 | \$152.50 | \$843.14 | \$995.64 |
| Member Plus 1 Medicare Primary Dependent | \$27,800 or Less | 1 N | \$48.00 | \$288.04 | \$336.04 | \$96.00 | \$576.08 | \$672.08 |
| | \$27,801 - \$42,000 | 2 N | \$50.50 | \$285.54 | \$336.04 | \$101.00 | \$571.08 | \$672.08 |
| | \$42,001 - \$55,900 | 3 N | \$51.75 | \$284.29 | \$336.04 | \$103.50 | \$568.58 | \$672.08 |
| | \$55,901 - \$70,000 | 4 N | \$53.00 | \$283.04 | \$336.04 | \$106.00 | \$566.08 | \$672.08 |
| | \$70,001 and Over | 5 N | \$54.25 | \$281.79 | \$336.04 | \$108.50 | \$563.58 | \$672.08 |
| Member Plus 2 or More Medicare Primary Dependents | \$27,800 or Less | 1 O | \$70.00 | \$427.82 | \$497.82 | \$140.00 | \$855.64 | \$995.64 |
| | \$27,801 - \$42,000 | 2 O | \$72.50 | \$425.32 | \$497.82 | \$145.00 | \$850.64 | \$995.64 |
| | \$42,001 - \$55,900 | 3 O | \$73.75 | \$424.07 | \$497.82 | \$147.50 | \$848.14 | \$995.64 |
| | \$55,901 - \$70,000 | 4 O | \$75.00 | \$422.82 | \$497.82 | \$150.00 | \$845.64 | \$995.64 |
| | \$70,001 and Over | 5 O | \$76.25 | \$421.57 | \$497.82 | \$152.50 | \$843.14 | \$995.64 |

Fiscal Year 2006
Health Alliance HMO - AH
 Effective July 1, 2005

Date 06/01/2005 9:06:20 AM

| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|---|---------------------------|--------------|--------------|----------------------|--------------|--------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$300.63 | \$300.63 | \$0.00 | \$601.26 | \$601.26 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$37.00 | \$434.68 | \$471.68 | \$74.00 | \$869.36 | \$943.36 |
| Member Plus 2 or More Dependents | 6 C | \$56.50 | \$538.50 | \$595.00 | \$113.00 | \$1,077.00 | \$1,190.00 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$34.50 | \$398.72 | \$433.22 | \$69.00 | \$797.44 | \$866.44 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$56.50 | \$538.50 | \$595.00 | \$113.00 | \$1,077.00 | \$1,190.00 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$132.59 | \$132.59 | \$0.00 | \$265.18 | \$265.18 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$37.00 | \$266.64 | \$303.64 | \$74.00 | \$533.28 | \$607.28 |
| Member Plus 2 or More Dependents | 6 H | \$56.50 | \$370.46 | \$426.96 | \$113.00 | \$740.92 | \$853.92 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$34.50 | \$230.68 | \$265.18 | \$69.00 | \$461.36 | \$530.36 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$56.50 | \$370.46 | \$426.96 | \$113.00 | \$740.92 | \$853.92 |

Ending Section for : **Health Alliance HMO**

Fiscal Year 2006
Health Alliance Illinois - BS
 Effective July 1, 2005

Date 06/01/2005 9:06:20 AM

| <i>State Active Member</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | | |
|--|---------------------------|---------------|--------------|----------------------|---------------|--------------|--------------|------------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | \$27,800 or Less | 1 K | \$13.50 | \$238.50 | \$252.00 | \$27.00 | \$477.00 | \$504.00 |
| | \$27,801 - \$42,000 | 2 K | \$16.00 | \$236.00 | \$252.00 | \$32.00 | \$472.00 | \$504.00 |
| | \$42,001 - \$55,900 | 3 K | \$17.25 | \$234.75 | \$252.00 | \$34.50 | \$469.50 | \$504.00 |
| | \$55,901 - \$70,000 | 4 K | \$18.50 | \$233.50 | \$252.00 | \$37.00 | \$467.00 | \$504.00 |
| | \$70,001 and Over | 5 K | \$19.75 | \$232.25 | \$252.00 | \$39.50 | \$464.50 | \$504.00 |
| Member Plus 1 Non Medicare Dependent | \$27,800 or Less | 1 L | \$55.00 | \$408.84 | \$463.84 | \$110.00 | \$817.68 | \$927.68 |
| | \$27,801 - \$42,000 | 2 L | \$57.50 | \$406.34 | \$463.84 | \$115.00 | \$812.68 | \$927.68 |
| | \$42,001 - \$55,900 | 3 L | \$58.75 | \$405.09 | \$463.84 | \$117.50 | \$810.18 | \$927.68 |
| | \$55,901 - \$70,000 | 4 L | \$60.00 | \$403.84 | \$463.84 | \$120.00 | \$807.68 | \$927.68 |
| | \$70,001 and Over | 5 L | \$61.25 | \$402.59 | \$463.84 | \$122.50 | \$805.18 | \$927.68 |
| Member Plus 2 or More Dependents | \$27,800 or Less | 1 M | \$76.00 | \$540.28 | \$616.28 | \$152.00 | \$1,080.56 | \$1,232.56 |
| | \$27,801 - \$42,000 | 2 M | \$78.50 | \$537.78 | \$616.28 | \$157.00 | \$1,075.56 | \$1,232.56 |
| | \$42,001 - \$55,900 | 3 M | \$79.75 | \$536.53 | \$616.28 | \$159.50 | \$1,073.06 | \$1,232.56 |
| | \$55,901 - \$70,000 | 4 M | \$81.00 | \$535.28 | \$616.28 | \$162.00 | \$1,070.56 | \$1,232.56 |
| | \$70,001 and Over | 5 M | \$82.25 | \$534.03 | \$616.28 | \$164.50 | \$1,068.06 | \$1,232.56 |
| Member Plus 1 Medicare Primary Dependent | \$27,800 or Less | 1 N | \$53.50 | \$362.65 | \$416.15 | \$107.00 | \$725.30 | \$832.30 |
| | \$27,801 - \$42,000 | 2 N | \$56.00 | \$360.15 | \$416.15 | \$112.00 | \$720.30 | \$832.30 |
| | \$42,001 - \$55,900 | 3 N | \$57.25 | \$358.90 | \$416.15 | \$114.50 | \$717.80 | \$832.30 |
| | \$55,901 - \$70,000 | 4 N | \$58.50 | \$357.65 | \$416.15 | \$117.00 | \$715.30 | \$832.30 |
| | \$70,001 and Over | 5 N | \$59.75 | \$356.40 | \$416.15 | \$119.50 | \$712.80 | \$832.30 |
| Member Plus 2 or More Medicare Primary Dependents | \$27,800 or Less | 1 O | \$76.00 | \$540.28 | \$616.28 | \$152.00 | \$1,080.56 | \$1,232.56 |
| | \$27,801 - \$42,000 | 2 O | \$78.50 | \$537.78 | \$616.28 | \$157.00 | \$1,075.56 | \$1,232.56 |
| | \$42,001 - \$55,900 | 3 O | \$79.75 | \$536.53 | \$616.28 | \$159.50 | \$1,073.06 | \$1,232.56 |
| | \$55,901 - \$70,000 | 4 O | \$81.00 | \$535.28 | \$616.28 | \$162.00 | \$1,070.56 | \$1,232.56 |
| | \$70,001 and Over | 5 O | \$82.25 | \$534.03 | \$616.28 | \$164.50 | \$1,068.06 | \$1,232.56 |

Fiscal Year 2006
Health Alliance Illinois - BS
 Effective July 1, 2005

Date 06/01/2005 9:06:20 AM

| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|---|---------------------------|--------------|--------------|----------------------|--------------|--------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$372.48 | \$372.48 | \$0.00 | \$744.96 | \$744.96 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$41.50 | \$542.82 | \$584.32 | \$83.00 | \$1,085.64 | \$1,168.64 |
| Member Plus 2 or More Dependents | 6 C | \$62.50 | \$674.26 | \$736.76 | \$125.00 | \$1,348.52 | \$1,473.52 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$40.00 | \$496.63 | \$536.63 | \$80.00 | \$993.26 | \$1,073.26 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$62.50 | \$674.26 | \$736.76 | \$125.00 | \$1,348.52 | \$1,473.52 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$164.15 | \$164.15 | \$0.00 | \$328.30 | \$328.30 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$41.50 | \$334.49 | \$375.99 | \$83.00 | \$668.98 | \$751.98 |
| Member Plus 2 or More Dependents | 6 H | \$62.50 | \$465.93 | \$528.43 | \$125.00 | \$931.86 | \$1,056.86 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$40.00 | \$288.30 | \$328.30 | \$80.00 | \$576.60 | \$656.60 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$62.50 | \$465.93 | \$528.43 | \$125.00 | \$931.86 | \$1,056.86 |

Ending Section for : **Health Alliance Illinois**

Fiscal Year 2006
HealthLink Open Access - CF
 Effective July 1, 2005

Date 06/01/2005 9:06:20 AM

| <i>State Active Member</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | | |
|--|---------------------------|---------------|--------------|----------------------|---------------|--------------|--------------|------------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | \$27,800 or Less | 1 K | \$13.50 | \$205.58 | \$219.08 | \$27.00 | \$411.16 | \$438.16 |
| | \$27,801 - \$42,000 | 2 K | \$16.00 | \$203.08 | \$219.08 | \$32.00 | \$406.16 | \$438.16 |
| | \$42,001 - \$55,900 | 3 K | \$17.25 | \$201.83 | \$219.08 | \$34.50 | \$403.66 | \$438.16 |
| | \$55,901 - \$70,000 | 4 K | \$18.50 | \$200.58 | \$219.08 | \$37.00 | \$401.16 | \$438.16 |
| | \$70,001 and Over | 5 K | \$19.75 | \$199.33 | \$219.08 | \$39.50 | \$398.66 | \$438.16 |
| Member Plus 1 Non Medicare Dependent | \$27,800 or Less | 1 L | \$56.00 | \$347.26 | \$403.26 | \$112.00 | \$694.52 | \$806.52 |
| | \$27,801 - \$42,000 | 2 L | \$58.50 | \$344.76 | \$403.26 | \$117.00 | \$689.52 | \$806.52 |
| | \$42,001 - \$55,900 | 3 L | \$59.75 | \$343.51 | \$403.26 | \$119.50 | \$687.02 | \$806.52 |
| | \$55,901 - \$70,000 | 4 L | \$61.00 | \$342.26 | \$403.26 | \$122.00 | \$684.52 | \$806.52 |
| | \$70,001 and Over | 5 L | \$62.25 | \$341.01 | \$403.26 | \$124.50 | \$682.02 | \$806.52 |
| Member Plus 2 or More Dependents | \$27,800 or Less | 1 M | \$78.00 | \$457.95 | \$535.95 | \$156.00 | \$915.90 | \$1,071.90 |
| | \$27,801 - \$42,000 | 2 M | \$80.50 | \$455.45 | \$535.95 | \$161.00 | \$910.90 | \$1,071.90 |
| | \$42,001 - \$55,900 | 3 M | \$81.75 | \$454.20 | \$535.95 | \$163.50 | \$908.40 | \$1,071.90 |
| | \$55,901 - \$70,000 | 4 M | \$83.00 | \$452.95 | \$535.95 | \$166.00 | \$905.90 | \$1,071.90 |
| | \$70,001 and Over | 5 M | \$84.25 | \$451.70 | \$535.95 | \$168.50 | \$903.40 | \$1,071.90 |
| Member Plus 1 Medicare Primary Dependent | \$27,800 or Less | 1 N | \$54.50 | \$307.33 | \$361.83 | \$109.00 | \$614.66 | \$723.66 |
| | \$27,801 - \$42,000 | 2 N | \$57.00 | \$304.83 | \$361.83 | \$114.00 | \$609.66 | \$723.66 |
| | \$42,001 - \$55,900 | 3 N | \$58.25 | \$303.58 | \$361.83 | \$116.50 | \$607.16 | \$723.66 |
| | \$55,901 - \$70,000 | 4 N | \$59.50 | \$302.33 | \$361.83 | \$119.00 | \$604.66 | \$723.66 |
| | \$70,001 and Over | 5 N | \$60.75 | \$301.08 | \$361.83 | \$121.50 | \$602.16 | \$723.66 |
| Member Plus 2 or More Medicare Primary Dependents | \$27,800 or Less | 1 O | \$78.00 | \$457.95 | \$535.95 | \$156.00 | \$915.90 | \$1,071.90 |
| | \$27,801 - \$42,000 | 2 O | \$80.50 | \$455.45 | \$535.95 | \$161.00 | \$910.90 | \$1,071.90 |
| | \$42,001 - \$55,900 | 3 O | \$81.75 | \$454.20 | \$535.95 | \$163.50 | \$908.40 | \$1,071.90 |
| | \$55,901 - \$70,000 | 4 O | \$83.00 | \$452.95 | \$535.95 | \$166.00 | \$905.90 | \$1,071.90 |
| | \$70,001 and Over | 5 O | \$84.25 | \$451.70 | \$535.95 | \$168.50 | \$903.40 | \$1,071.90 |

Fiscal Year 2006
HealthLink Open Access - CF

Date 06/01/2005 9:06:20 AM

Effective July 1, 2005

| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|---|---------------------------|--------------|--------------|----------------------|--------------|--------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$323.76 | \$323.76 | \$0.00 | \$647.52 | \$647.52 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$42.50 | \$465.44 | \$507.94 | \$85.00 | \$930.88 | \$1,015.88 |
| Member Plus 2 or More Dependents | 6 C | \$64.50 | \$576.13 | \$640.63 | \$129.00 | \$1,152.26 | \$1,281.26 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$41.00 | \$425.51 | \$466.51 | \$82.00 | \$851.02 | \$933.02 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$64.50 | \$576.13 | \$640.63 | \$129.00 | \$1,152.26 | \$1,281.26 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$142.75 | \$142.75 | \$0.00 | \$285.50 | \$285.50 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$42.50 | \$284.43 | \$326.93 | \$85.00 | \$568.86 | \$653.86 |
| Member Plus 2 or More Dependents | 6 H | \$64.50 | \$395.12 | \$459.62 | \$129.00 | \$790.24 | \$919.24 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$41.00 | \$244.50 | \$285.50 | \$82.00 | \$489.00 | \$571.00 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$64.50 | \$395.12 | \$459.62 | \$129.00 | \$790.24 | \$919.24 |

Ending Section for : **HealthLink Open Access**

Fiscal Year 2006
HMO Illinois - BY
 Effective July 1, 2005

Date 06/01/2005 9:06:21 AM

| <i>State Active Member</i> | | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
|--|---------------------|-----|---------------------------|--------------|--------------|----------------------|--------------|--------------|
| | | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | \$27,800 or Less | 1 K | \$13.50 | \$156.15 | \$169.65 | \$27.00 | \$312.30 | \$339.30 |
| | \$27,801 - \$42,000 | 2 K | \$16.00 | \$153.65 | \$169.65 | \$32.00 | \$307.30 | \$339.30 |
| | \$42,001 - \$55,900 | 3 K | \$17.25 | \$152.40 | \$169.65 | \$34.50 | \$304.80 | \$339.30 |
| | \$55,901 - \$70,000 | 4 K | \$18.50 | \$151.15 | \$169.65 | \$37.00 | \$302.30 | \$339.30 |
| | \$70,001 and Over | 5 K | \$19.75 | \$149.90 | \$169.65 | \$39.50 | \$299.80 | \$339.30 |
| Member Plus 1 Non Medicare Dependent | \$27,800 or Less | 1 L | \$45.00 | \$267.31 | \$312.31 | \$90.00 | \$534.62 | \$624.62 |
| | \$27,801 - \$42,000 | 2 L | \$47.50 | \$264.81 | \$312.31 | \$95.00 | \$529.62 | \$624.62 |
| | \$42,001 - \$55,900 | 3 L | \$48.75 | \$263.56 | \$312.31 | \$97.50 | \$527.12 | \$624.62 |
| | \$55,901 - \$70,000 | 4 L | \$50.00 | \$262.31 | \$312.31 | \$100.00 | \$524.62 | \$624.62 |
| | \$70,001 and Over | 5 L | \$51.25 | \$261.06 | \$312.31 | \$102.50 | \$522.12 | \$624.62 |
| Member Plus 2 or More Dependents | \$27,800 or Less | 1 M | \$61.50 | \$353.85 | \$415.35 | \$123.00 | \$707.70 | \$830.70 |
| | \$27,801 - \$42,000 | 2 M | \$64.00 | \$351.35 | \$415.35 | \$128.00 | \$702.70 | \$830.70 |
| | \$42,001 - \$55,900 | 3 M | \$65.25 | \$350.10 | \$415.35 | \$130.50 | \$700.20 | \$830.70 |
| | \$55,901 - \$70,000 | 4 M | \$66.50 | \$348.85 | \$415.35 | \$133.00 | \$697.70 | \$830.70 |
| | \$70,001 and Over | 5 M | \$67.75 | \$347.60 | \$415.35 | \$135.50 | \$695.20 | \$830.70 |
| Member Plus 1 Medicare Primary Dependent | \$27,800 or Less | 1 N | \$43.00 | \$237.27 | \$280.27 | \$86.00 | \$474.54 | \$560.54 |
| | \$27,801 - \$42,000 | 2 N | \$45.50 | \$234.77 | \$280.27 | \$91.00 | \$469.54 | \$560.54 |
| | \$42,001 - \$55,900 | 3 N | \$46.75 | \$233.52 | \$280.27 | \$93.50 | \$467.04 | \$560.54 |
| | \$55,901 - \$70,000 | 4 N | \$48.00 | \$232.27 | \$280.27 | \$96.00 | \$464.54 | \$560.54 |
| | \$70,001 and Over | 5 N | \$49.25 | \$231.02 | \$280.27 | \$98.50 | \$462.04 | \$560.54 |
| Member Plus 2 or More Medicare Primary Dependents | \$27,800 or Less | 1 O | \$61.50 | \$353.85 | \$415.35 | \$123.00 | \$707.70 | \$830.70 |
| | \$27,801 - \$42,000 | 2 O | \$64.00 | \$351.35 | \$415.35 | \$128.00 | \$702.70 | \$830.70 |
| | \$42,001 - \$55,900 | 3 O | \$65.25 | \$350.10 | \$415.35 | \$130.50 | \$700.20 | \$830.70 |
| | \$55,901 - \$70,000 | 4 O | \$66.50 | \$348.85 | \$415.35 | \$133.00 | \$697.70 | \$830.70 |
| | \$70,001 and Over | 5 O | \$67.75 | \$347.60 | \$415.35 | \$135.50 | \$695.20 | \$830.70 |

**Fiscal Year 2006
HMO Illinois - BY**
Effective July 1, 2005

Date 06/01/2005 9:06:21 AM

| <u>Retiree/Annuitants/Survivors(Non Medicare)</u> | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
|---|-----|---------------------------|--------------|--------------|----------------------|--------------|--------------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | 6 A | \$0.00 | \$250.60 | \$250.60 | \$0.00 | \$501.20 | \$501.20 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$31.50 | \$361.76 | \$393.26 | \$63.00 | \$723.52 | \$786.52 |
| Member Plus 2 or More Dependents | 6 C | \$48.00 | \$448.30 | \$496.30 | \$96.00 | \$896.60 | \$992.60 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$29.50 | \$331.72 | \$361.22 | \$59.00 | \$663.44 | \$722.44 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$48.00 | \$448.30 | \$496.30 | \$96.00 | \$896.60 | \$992.60 |
| <u>Retiree/Annuitants/Survivors(Medicare)</u> | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | 6 F | \$0.00 | \$110.62 | \$110.62 | \$0.00 | \$221.24 | \$221.24 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$31.50 | \$221.78 | \$253.28 | \$63.00 | \$443.56 | \$506.56 |
| Member Plus 2 or More Dependents | 6 H | \$48.00 | \$308.32 | \$356.32 | \$96.00 | \$616.64 | \$712.64 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$29.50 | \$191.74 | \$221.24 | \$59.00 | \$383.48 | \$442.48 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$48.00 | \$308.32 | \$356.32 | \$96.00 | \$616.64 | \$712.64 |

***Ending Section for :* HMO Illinois**

Fiscal Year 2006
OSF Health Plan - CA
 Effective July 1, 2005

Date 06/01/2005 9:06:21 AM

| <i>State Active Member</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | | |
|--|---------------------------|---------------|--------------|----------------------|---------------|--------------|--------------|------------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | \$27,800 or Less | 1 K | \$13.50 | \$194.54 | \$208.04 | \$27.00 | \$389.08 | \$416.08 |
| | \$27,801 - \$42,000 | 2 K | \$16.00 | \$192.04 | \$208.04 | \$32.00 | \$384.08 | \$416.08 |
| | \$42,001 - \$55,900 | 3 K | \$17.25 | \$190.79 | \$208.04 | \$34.50 | \$381.58 | \$416.08 |
| | \$55,901 - \$70,000 | 4 K | \$18.50 | \$189.54 | \$208.04 | \$37.00 | \$379.08 | \$416.08 |
| | \$70,001 and Over | 5 K | \$19.75 | \$188.29 | \$208.04 | \$39.50 | \$376.58 | \$416.08 |
| Member Plus 1 Non Medicare Dependent | \$27,800 or Less | 1 L | \$49.50 | \$333.45 | \$382.95 | \$99.00 | \$666.90 | \$765.90 |
| | \$27,801 - \$42,000 | 2 L | \$52.00 | \$330.95 | \$382.95 | \$104.00 | \$661.90 | \$765.90 |
| | \$42,001 - \$55,900 | 3 L | \$53.25 | \$329.70 | \$382.95 | \$106.50 | \$659.40 | \$765.90 |
| | \$55,901 - \$70,000 | 4 L | \$54.50 | \$328.45 | \$382.95 | \$109.00 | \$656.90 | \$765.90 |
| | \$70,001 and Over | 5 L | \$55.75 | \$327.20 | \$382.95 | \$111.50 | \$654.40 | \$765.90 |
| Member Plus 2 or More Dependents | \$27,800 or Less | 1 M | \$68.50 | \$440.52 | \$509.02 | \$137.00 | \$881.04 | \$1,018.04 |
| | \$27,801 - \$42,000 | 2 M | \$71.00 | \$438.02 | \$509.02 | \$142.00 | \$876.04 | \$1,018.04 |
| | \$42,001 - \$55,900 | 3 M | \$72.25 | \$436.77 | \$509.02 | \$144.50 | \$873.54 | \$1,018.04 |
| | \$55,901 - \$70,000 | 4 M | \$73.50 | \$435.52 | \$509.02 | \$147.00 | \$871.04 | \$1,018.04 |
| | \$70,001 and Over | 5 M | \$74.75 | \$434.27 | \$509.02 | \$149.50 | \$868.54 | \$1,018.04 |
| Member Plus 1 Medicare Primary Dependent | \$27,800 or Less | 1 N | \$48.00 | \$295.61 | \$343.61 | \$96.00 | \$591.22 | \$687.22 |
| | \$27,801 - \$42,000 | 2 N | \$50.50 | \$293.11 | \$343.61 | \$101.00 | \$586.22 | \$687.22 |
| | \$42,001 - \$55,900 | 3 N | \$51.75 | \$291.86 | \$343.61 | \$103.50 | \$583.72 | \$687.22 |
| | \$55,901 - \$70,000 | 4 N | \$53.00 | \$290.61 | \$343.61 | \$106.00 | \$581.22 | \$687.22 |
| | \$70,001 and Over | 5 N | \$54.25 | \$289.36 | \$343.61 | \$108.50 | \$578.72 | \$687.22 |
| Member Plus 2 or More Medicare Primary Dependents | \$27,800 or Less | 1 O | \$68.50 | \$440.52 | \$509.02 | \$137.00 | \$881.04 | \$1,018.04 |
| | \$27,801 - \$42,000 | 2 O | \$71.00 | \$438.02 | \$509.02 | \$142.00 | \$876.04 | \$1,018.04 |
| | \$42,001 - \$55,900 | 3 O | \$72.25 | \$436.77 | \$509.02 | \$144.50 | \$873.54 | \$1,018.04 |
| | \$55,901 - \$70,000 | 4 O | \$73.50 | \$435.52 | \$509.02 | \$147.00 | \$871.04 | \$1,018.04 |
| | \$70,001 and Over | 5 O | \$74.75 | \$434.27 | \$509.02 | \$149.50 | \$868.54 | \$1,018.04 |

Fiscal Year 2006
OSF Health Plan - CA
 Effective July 1, 2005

Date 06/01/2005 9:06:21 AM

| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|---|---------------------------|--------------|--------------|----------------------|--------------|--------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$307.42 | \$307.42 | \$0.00 | \$614.84 | \$614.84 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$36.00 | \$446.33 | \$482.33 | \$72.00 | \$892.66 | \$964.66 |
| Member Plus 2 or More Dependents | 6 C | \$55.00 | \$553.40 | \$608.40 | \$110.00 | \$1,106.80 | \$1,216.80 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$34.50 | \$408.49 | \$442.99 | \$69.00 | \$816.98 | \$885.98 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$55.00 | \$553.40 | \$608.40 | \$110.00 | \$1,106.80 | \$1,216.80 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$135.57 | \$135.57 | \$0.00 | \$271.14 | \$271.14 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$36.00 | \$274.48 | \$310.48 | \$72.00 | \$548.96 | \$620.96 |
| Member Plus 2 or More Dependents | 6 H | \$55.00 | \$381.55 | \$436.55 | \$110.00 | \$763.10 | \$873.10 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$34.50 | \$236.64 | \$271.14 | \$69.00 | \$473.28 | \$542.28 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$55.00 | \$381.55 | \$436.55 | \$110.00 | \$763.10 | \$873.10 |

***Ending Section for :* OSF Health Plan**

Fiscal Year 2006
OSF Winnebago - CE
 Effective July 1, 2005

Date 06/01/2005 9:06:21 AM

| <i>State Active Member</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | | |
|--|---------------------------|---------------|--------------|----------------------|---------------|--------------|--------------|------------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | \$27,800 or Less | 1 K | \$13.50 | \$212.14 | \$225.64 | \$27.00 | \$424.28 | \$451.28 |
| | \$27,801 - \$42,000 | 2 K | \$16.00 | \$209.64 | \$225.64 | \$32.00 | \$419.28 | \$451.28 |
| | \$42,001 - \$55,900 | 3 K | \$17.25 | \$208.39 | \$225.64 | \$34.50 | \$416.78 | \$451.28 |
| | \$55,901 - \$70,000 | 4 K | \$18.50 | \$207.14 | \$225.64 | \$37.00 | \$414.28 | \$451.28 |
| | \$70,001 and Over | 5 K | \$19.75 | \$205.89 | \$225.64 | \$39.50 | \$411.78 | \$451.28 |
| Member Plus 1 Non Medicare Dependent | \$27,800 or Less | 1 L | \$57.00 | \$358.34 | \$415.34 | \$114.00 | \$716.68 | \$830.68 |
| | \$27,801 - \$42,000 | 2 L | \$59.50 | \$355.84 | \$415.34 | \$119.00 | \$711.68 | \$830.68 |
| | \$42,001 - \$55,900 | 3 L | \$60.75 | \$354.59 | \$415.34 | \$121.50 | \$709.18 | \$830.68 |
| | \$55,901 - \$70,000 | 4 L | \$62.00 | \$353.34 | \$415.34 | \$124.00 | \$706.68 | \$830.68 |
| | \$70,001 and Over | 5 L | \$63.25 | \$352.09 | \$415.34 | \$126.50 | \$704.18 | \$830.68 |
| Member Plus 2 or More Dependents | \$27,800 or Less | 1 M | \$79.50 | \$472.47 | \$551.97 | \$159.00 | \$944.94 | \$1,103.94 |
| | \$27,801 - \$42,000 | 2 M | \$82.00 | \$469.97 | \$551.97 | \$164.00 | \$939.94 | \$1,103.94 |
| | \$42,001 - \$55,900 | 3 M | \$83.25 | \$468.72 | \$551.97 | \$166.50 | \$937.44 | \$1,103.94 |
| | \$55,901 - \$70,000 | 4 M | \$84.50 | \$467.47 | \$551.97 | \$169.00 | \$934.94 | \$1,103.94 |
| | \$70,001 and Over | 5 M | \$85.75 | \$466.22 | \$551.97 | \$171.50 | \$932.44 | \$1,103.94 |
| Member Plus 1 Medicare Primary Dependent | \$27,800 or Less | 1 N | \$55.50 | \$317.15 | \$372.65 | \$111.00 | \$634.30 | \$745.30 |
| | \$27,801 - \$42,000 | 2 N | \$58.00 | \$314.65 | \$372.65 | \$116.00 | \$629.30 | \$745.30 |
| | \$42,001 - \$55,900 | 3 N | \$59.25 | \$313.40 | \$372.65 | \$118.50 | \$626.80 | \$745.30 |
| | \$55,901 - \$70,000 | 4 N | \$60.50 | \$312.15 | \$372.65 | \$121.00 | \$624.30 | \$745.30 |
| | \$70,001 and Over | 5 N | \$61.75 | \$310.90 | \$372.65 | \$123.50 | \$621.80 | \$745.30 |
| Member Plus 2 or More Medicare Primary Dependents | \$27,800 or Less | 1 O | \$79.50 | \$472.47 | \$551.97 | \$159.00 | \$944.94 | \$1,103.94 |
| | \$27,801 - \$42,000 | 2 O | \$82.00 | \$469.97 | \$551.97 | \$164.00 | \$939.94 | \$1,103.94 |
| | \$42,001 - \$55,900 | 3 O | \$83.25 | \$468.72 | \$551.97 | \$166.50 | \$937.44 | \$1,103.94 |
| | \$55,901 - \$70,000 | 4 O | \$84.50 | \$467.47 | \$551.97 | \$169.00 | \$934.94 | \$1,103.94 |
| | \$70,001 and Over | 5 O | \$85.75 | \$466.22 | \$551.97 | \$171.50 | \$932.44 | \$1,103.94 |

Fiscal Year 2006
OSF Winnebago - CE
 Effective July 1, 2005

Date 06/01/2005 9:06:21 AM

| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|---|---------------------------|--------------|--------------|----------------------|--------------|--------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$333.47 | \$333.47 | \$0.00 | \$666.94 | \$666.94 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$43.50 | \$479.67 | \$523.17 | \$87.00 | \$959.34 | \$1,046.34 |
| Member Plus 2 or More Dependents | 6 C | \$66.00 | \$593.80 | \$659.80 | \$132.00 | \$1,187.60 | \$1,319.60 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$42.00 | \$438.48 | \$480.48 | \$84.00 | \$876.96 | \$960.96 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$66.00 | \$593.80 | \$659.80 | \$132.00 | \$1,187.60 | \$1,319.60 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$147.01 | \$147.01 | \$0.00 | \$294.02 | \$294.02 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$43.50 | \$293.21 | \$336.71 | \$87.00 | \$586.42 | \$673.42 |
| Member Plus 2 or More Dependents | 6 H | \$66.00 | \$407.34 | \$473.34 | \$132.00 | \$814.68 | \$946.68 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$42.00 | \$252.02 | \$294.02 | \$84.00 | \$504.04 | \$588.04 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$66.00 | \$407.34 | \$473.34 | \$132.00 | \$814.68 | \$946.68 |

***Ending Section for :* OSF Winnebago**

Fiscal Year 2006
Personal Care HMO - AS
 Effective July 1, 2005

Date 06/01/2005 9:06:21 AM

| <i>State Active Member</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | | |
|--|---------------------------|---------------|--------------|----------------------|---------------|--------------|--------------|----------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | \$27,800 or Less | 1 K | \$13.50 | \$181.53 | \$195.03 | \$27.00 | \$363.06 | \$390.06 |
| | \$27,801 - \$42,000 | 2 K | \$16.00 | \$179.03 | \$195.03 | \$32.00 | \$358.06 | \$390.06 |
| | \$42,001 - \$55,900 | 3 K | \$17.25 | \$177.78 | \$195.03 | \$34.50 | \$355.56 | \$390.06 |
| | \$55,901 - \$70,000 | 4 K | \$18.50 | \$176.53 | \$195.03 | \$37.00 | \$353.06 | \$390.06 |
| | \$70,001 and Over | 5 K | \$19.75 | \$175.28 | \$195.03 | \$39.50 | \$350.56 | \$390.06 |
| Member Plus 1 Non Medicare Dependent | \$27,800 or Less | 1 L | \$49.50 | \$309.51 | \$359.01 | \$99.00 | \$619.02 | \$718.02 |
| | \$27,801 - \$42,000 | 2 L | \$52.00 | \$307.01 | \$359.01 | \$104.00 | \$614.02 | \$718.02 |
| | \$42,001 - \$55,900 | 3 L | \$53.25 | \$305.76 | \$359.01 | \$106.50 | \$611.52 | \$718.02 |
| | \$55,901 - \$70,000 | 4 L | \$54.50 | \$304.51 | \$359.01 | \$109.00 | \$609.02 | \$718.02 |
| | \$70,001 and Over | 5 L | \$55.75 | \$303.26 | \$359.01 | \$111.50 | \$606.52 | \$718.02 |
| Member Plus 2 or More Dependents | \$27,800 or Less | 1 M | \$68.50 | \$408.78 | \$477.28 | \$137.00 | \$817.56 | \$954.56 |
| | \$27,801 - \$42,000 | 2 M | \$71.00 | \$406.28 | \$477.28 | \$142.00 | \$812.56 | \$954.56 |
| | \$42,001 - \$55,900 | 3 M | \$72.25 | \$405.03 | \$477.28 | \$144.50 | \$810.06 | \$954.56 |
| | \$55,901 - \$70,000 | 4 M | \$73.50 | \$403.78 | \$477.28 | \$147.00 | \$807.56 | \$954.56 |
| | \$70,001 and Over | 5 M | \$74.75 | \$402.53 | \$477.28 | \$149.50 | \$805.06 | \$954.56 |
| Member Plus 1 Medicare Primary Dependent | \$27,800 or Less | 1 N | \$47.50 | \$274.65 | \$322.15 | \$95.00 | \$549.30 | \$644.30 |
| | \$27,801 - \$42,000 | 2 N | \$50.00 | \$272.15 | \$322.15 | \$100.00 | \$544.30 | \$644.30 |
| | \$42,001 - \$55,900 | 3 N | \$51.25 | \$270.90 | \$322.15 | \$102.50 | \$541.80 | \$644.30 |
| | \$55,901 - \$70,000 | 4 N | \$52.50 | \$269.65 | \$322.15 | \$105.00 | \$539.30 | \$644.30 |
| | \$70,001 and Over | 5 N | \$53.75 | \$268.40 | \$322.15 | \$107.50 | \$536.80 | \$644.30 |
| Member Plus 2 or More Medicare Primary Dependents | \$27,800 or Less | 1 O | \$68.50 | \$408.78 | \$477.28 | \$137.00 | \$817.56 | \$954.56 |
| | \$27,801 - \$42,000 | 2 O | \$71.00 | \$406.28 | \$477.28 | \$142.00 | \$812.56 | \$954.56 |
| | \$42,001 - \$55,900 | 3 O | \$72.25 | \$405.03 | \$477.28 | \$144.50 | \$810.06 | \$954.56 |
| | \$55,901 - \$70,000 | 4 O | \$73.50 | \$403.78 | \$477.28 | \$147.00 | \$807.56 | \$954.56 |
| | \$70,001 and Over | 5 O | \$74.75 | \$402.53 | \$477.28 | \$149.50 | \$805.06 | \$954.56 |

Fiscal Year 2006
Personal Care HMO - AS
 Effective July 1, 2005

Date 06/01/2005 9:06:21 AM

| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|---|---------------------------|--------------|--------------|----------------------|--------------|--------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$288.17 | \$288.17 | \$0.00 | \$576.34 | \$576.34 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$36.00 | \$416.15 | \$452.15 | \$72.00 | \$832.30 | \$904.30 |
| Member Plus 2 or More Dependents | 6 C | \$55.00 | \$515.42 | \$570.42 | \$110.00 | \$1,030.84 | \$1,140.84 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$34.00 | \$381.29 | \$415.29 | \$68.00 | \$762.58 | \$830.58 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$55.00 | \$515.42 | \$570.42 | \$110.00 | \$1,030.84 | \$1,140.84 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$127.12 | \$127.12 | \$0.00 | \$254.24 | \$254.24 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$36.00 | \$255.10 | \$291.10 | \$72.00 | \$510.20 | \$582.20 |
| Member Plus 2 or More Dependents | 6 H | \$55.00 | \$354.37 | \$409.37 | \$110.00 | \$708.74 | \$818.74 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$34.00 | \$220.24 | \$254.24 | \$68.00 | \$440.48 | \$508.48 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$55.00 | \$354.37 | \$409.37 | \$110.00 | \$708.74 | \$818.74 |

Ending Section for : **Personal Care HMO**

Fiscal Year 2006
UniCare HMO - CC
 Effective July 1, 2005

Date 06/01/2005 9:06:21 AM

| <i>State Active Member</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | | |
|--|---------------------------|---------------|--------------|----------------------|---------------|--------------|--------------|----------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | \$27,800 or Less | 1 K | \$13.50 | \$163.55 | \$177.05 | \$27.00 | \$327.10 | \$354.10 |
| | \$27,801 - \$42,000 | 2 K | \$16.00 | \$161.05 | \$177.05 | \$32.00 | \$322.10 | \$354.10 |
| | \$42,001 - \$55,900 | 3 K | \$17.25 | \$159.80 | \$177.05 | \$34.50 | \$319.60 | \$354.10 |
| | \$55,901 - \$70,000 | 4 K | \$18.50 | \$158.55 | \$177.05 | \$37.00 | \$317.10 | \$354.10 |
| | \$70,001 and Over | 5 K | \$19.75 | \$157.30 | \$177.05 | \$39.50 | \$314.60 | \$354.10 |
| Member Plus 1 Non Medicare Dependent | \$27,800 or Less | 1 L | \$44.50 | \$281.43 | \$325.93 | \$89.00 | \$562.86 | \$651.86 |
| | \$27,801 - \$42,000 | 2 L | \$47.00 | \$278.93 | \$325.93 | \$94.00 | \$557.86 | \$651.86 |
| | \$42,001 - \$55,900 | 3 L | \$48.25 | \$277.68 | \$325.93 | \$96.50 | \$555.36 | \$651.86 |
| | \$55,901 - \$70,000 | 4 L | \$49.50 | \$276.43 | \$325.93 | \$99.00 | \$552.86 | \$651.86 |
| | \$70,001 and Over | 5 L | \$50.75 | \$275.18 | \$325.93 | \$101.50 | \$550.36 | \$651.86 |
| Member Plus 2 or More Dependents | \$27,800 or Less | 1 M | \$60.00 | \$373.41 | \$433.41 | \$120.00 | \$746.82 | \$866.82 |
| | \$27,801 - \$42,000 | 2 M | \$62.50 | \$370.91 | \$433.41 | \$125.00 | \$741.82 | \$866.82 |
| | \$42,001 - \$55,900 | 3 M | \$63.75 | \$369.66 | \$433.41 | \$127.50 | \$739.32 | \$866.82 |
| | \$55,901 - \$70,000 | 4 M | \$65.00 | \$368.41 | \$433.41 | \$130.00 | \$736.82 | \$866.82 |
| | \$70,001 and Over | 5 M | \$66.25 | \$367.16 | \$433.41 | \$132.50 | \$734.32 | \$866.82 |
| Member Plus 1 Medicare Primary Dependent | \$27,800 or Less | 1 N | \$42.00 | \$250.48 | \$292.48 | \$84.00 | \$500.96 | \$584.96 |
| | \$27,801 - \$42,000 | 2 N | \$44.50 | \$247.98 | \$292.48 | \$89.00 | \$495.96 | \$584.96 |
| | \$42,001 - \$55,900 | 3 N | \$45.75 | \$246.73 | \$292.48 | \$91.50 | \$493.46 | \$584.96 |
| | \$55,901 - \$70,000 | 4 N | \$47.00 | \$245.48 | \$292.48 | \$94.00 | \$490.96 | \$584.96 |
| | \$70,001 and Over | 5 N | \$48.25 | \$244.23 | \$292.48 | \$96.50 | \$488.46 | \$584.96 |
| Member Plus 2 or More Medicare Primary Dependents | \$27,800 or Less | 1 O | \$60.00 | \$373.41 | \$433.41 | \$120.00 | \$746.82 | \$866.82 |
| | \$27,801 - \$42,000 | 2 O | \$62.50 | \$370.91 | \$433.41 | \$125.00 | \$741.82 | \$866.82 |
| | \$42,001 - \$55,900 | 3 O | \$63.75 | \$369.66 | \$433.41 | \$127.50 | \$739.32 | \$866.82 |
| | \$55,901 - \$70,000 | 4 O | \$65.00 | \$368.41 | \$433.41 | \$130.00 | \$736.82 | \$866.82 |
| | \$70,001 and Over | 5 O | \$66.25 | \$367.16 | \$433.41 | \$132.50 | \$734.32 | \$866.82 |

Fiscal Year 2006
UniCare HMO - CC
 Effective July 1, 2005

Date 06/01/2005 9:06:21 AM

| <i>Retiree/Annuitants/Survivors(Non Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
|---|---------------------------|--------------|--------------|----------------------|--------------|--------------|------------|
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 A | \$0.00 | \$261.56 | \$261.56 | \$0.00 | \$523.12 | \$523.12 |
| Member Plus 1 Non Medicare Dependent | 6 B | \$31.00 | \$379.44 | \$410.44 | \$62.00 | \$758.88 | \$820.88 |
| Member Plus 2 or More Dependents | 6 C | \$46.50 | \$471.42 | \$517.92 | \$93.00 | \$942.84 | \$1,035.84 |
| Member Plus 1 Medicare Primary Dependent | 6 D | \$28.50 | \$348.49 | \$376.99 | \$57.00 | \$696.98 | \$753.98 |
| Member Plus 2 or More Medicare Primary Dependents | 6 E | \$46.50 | \$471.42 | \$517.92 | \$93.00 | \$942.84 | \$1,035.84 |
| <i>Retiree/Annuitants/Survivors(Medicare)</i> | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | | |
| | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | |
| Member Only | 6 F | \$0.00 | \$115.43 | \$115.43 | \$0.00 | \$230.86 | \$230.86 |
| Member Plus 1 Non Medicare Dependent | 6 G | \$31.00 | \$233.31 | \$264.31 | \$62.00 | \$466.62 | \$528.62 |
| Member Plus 2 or More Dependents | 6 H | \$46.50 | \$325.29 | \$371.79 | \$93.00 | \$650.58 | \$743.58 |
| Member Plus 1 Medicare Primary Dependent | 6 I | \$28.50 | \$202.36 | \$230.86 | \$57.00 | \$404.72 | \$461.72 |
| Member Plus 2 or More Medicare Primary Dependents | 6 J | \$46.50 | \$325.29 | \$371.79 | \$93.00 | \$650.58 | \$743.58 |

***Ending Section for :* UniCare HMO**

DENTAL RATES

05/25/2005

Page 1 of 1

Fiscal Year 2006

Effective July 1, 2005

The following codes and rates may be used for calculating employee paid dental, such as in the case of members on non-state paid leave of absence.

Quality Care Dental - D6

Active Members With Access

| | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
|----------------------------|----|---------------------------|--------------|--------------|----------------------|--------------|--------------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | W1 | \$5.00 | \$7.30 | \$12.30 | \$10.00 | \$14.60 | \$24.60 |
| Member Plus One Dependent | X1 | \$7.50 | \$14.82 | \$22.32 | \$15.00 | \$29.64 | \$44.64 |
| Member Plus Two Dependents | X2 | \$8.75 | \$30.35 | \$39.10 | \$17.50 | \$60.70 | \$78.20 |

Active Members - No Access, Retirees, Annuitants and Survivors

| | | <u>Semi-Monthly Rates</u> | | | <u>Monthly Rates</u> | | |
|----------------------------|----|---------------------------|--------------|--------------|----------------------|--------------|--------------|
| | | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> | <u>MEMBER</u> | <u>STATE</u> | <u>TOTAL</u> |
| Member Only | S1 | \$0.00 | \$12.30 | \$12.30 | \$0.00 | \$24.60 | \$24.60 |
| Member Plus One Dependent | T1 | \$0.00 | \$22.32 | \$22.32 | \$0.00 | \$44.64 | \$44.64 |
| Member Plus Two Dependents | T2 | \$0.00 | \$39.10 | \$39.10 | \$0.00 | \$78.20 | \$78.20 |

Department of Central Management Services
Group Insurance Division

**FY2006 Health and Dental
COBRA Rate Tables**

July 1, 2005 – June 30, 2006

COBRA – Fiscal Year 2006
Effective July 1, 2005

05/18/2005

QUALITY CARE HEALTH PLAN - D3

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$619.97 | \$0.00 | \$309.98 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$1266.99 | \$647.02 | \$633.49 | \$323.51 |
| Member Plus 2 or More Dependents | 1M | \$1423.42 | \$803.45 | \$711.70 | \$401.72 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$999.47 | \$379.50 | \$499.73 | \$189.75 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1423.42 | \$803.45 | \$711.70 | \$401.72 |

HEALTH ALLIANCE HMO - AH

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$415.03 | \$0.00 | \$207.51 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$763.97 | \$348.94 | \$381.98 | \$174.47 |
| Member Plus 2 or More Dependents | 1M | \$1015.54 | \$600.51 | \$507.76 | \$300.25 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$685.51 | \$270.48 | \$342.75 | \$135.24 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1015.54 | \$600.51 | \$507.76 | \$300.25 |

HEALTH ALLIANCE ILLINOIS - BS

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$514.08 | \$0.00 | \$257.04 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$946.23 | \$432.15 | \$473.11 | \$216.07 |
| Member Plus 2 or More Dependents | 1M | \$1257.21 | \$743.13 | \$628.60 | \$371.56 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$848.94 | \$334.86 | \$424.47 | \$167.43 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1257.21 | \$743.13 | \$628.60 | \$371.56 |

COBRA – Fiscal Year 2006
Effective July 1, 2005

05/18/2005

HEALTHLINK OAP

- CF

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$446.92 | \$0.00 | \$223.46 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$822.64 | \$375.72 | \$411.32 | \$187.86 |
| Member Plus 2 or More Dependents | 1M | \$1093.33 | \$646.41 | \$546.66 | \$323.20 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$738.13 | \$291.21 | \$369.06 | \$145.60 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1093.33 | \$646.41 | \$546.66 | \$323.20 |

HMO ILLINOIS

- BY

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$346.08 | \$0.00 | \$173.04 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$637.10 | \$291.02 | \$318.55 | \$145.51 |
| Member Plus 2 or More Dependents | 1M | \$847.30 | \$501.22 | \$423.65 | \$250.61 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$571.74 | \$225.66 | \$285.87 | \$112.83 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$847.30 | \$501.22 | \$423.65 | \$250.61 |

OSF HEALTH CARE

- CA

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$424.40 | \$0.00 | \$212.20 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$781.21 | \$356.81 | \$390.60 | \$178.40 |
| Member Plus 2 or More Dependents | 1M | \$1038.39 | \$613.99 | \$519.19 | \$306.99 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$700.96 | \$276.56 | \$350.48 | \$138.28 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1038.39 | \$613.99 | \$519.19 | \$306.99 |

COBRA – Fiscal Year 2006
Effective July 1, 2005

05/18/2005

OSF WINNEBAGO

- CE

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$460.30 | \$0.00 | \$230.15 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$847.28 | \$386.98 | \$423.64 | \$193.49 |
| Member Plus 2 or More Dependents | 1M | \$1126.01 | \$665.71 | \$563.00 | \$332.85 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$760.20 | \$299.90 | \$380.10 | \$149.95 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$1126.01 | \$665.71 | \$563.00 | \$332.85 |

PERSONAL CARE HMO

- AS

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$397.86 | \$0.00 | \$198.93 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$732.37 | \$334.51 | \$366.18 | \$167.25 |
| Member Plus 2 or More Dependents | 1M | \$973.65 | \$575.79 | \$486.82 | \$287.89 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$657.18 | \$259.32 | \$328.59 | \$129.66 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$973.65 | \$575.79 | \$486.82 | \$287.89 |

UNICARE HMO

- CC

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|---|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | 1K | \$361.18 | \$0.00 | \$180.59 | \$0.00 |
| Member Plus 1 Non Medicare Dependent | 1L | \$664.89 | \$303.71 | \$332.44 | \$151.85 |
| Member Plus 2 or More Dependents | 1M | \$884.15 | \$522.97 | \$442.07 | \$261.48 |
| Member Plus 1 Medicare Primary Dependent | 1N | \$596.65 | \$235.47 | \$298.32 | \$117.73 |
| Member Plus 2 or More Medicare Primary Dependents | 1O | \$884.15 | \$522.97 | \$442.07 | \$261.48 |

COBRA – Fiscal Year 2006
Effective July 1, 2005

05/18/2005

QUALITY CARE DENTAL PLAN

- D6

| | <u>Deduct Code</u> | <u>Monthly Rates</u> | | <u>Semi-Monthly Rates</u> | |
|----------------------------------|--------------------|----------------------|------------------|---------------------------|------------------|
| | | <u>Total</u> | <u>Dependent</u> | <u>Total</u> | <u>Dependent</u> |
| Member Only | S1 | \$25.09 | \$0.00 | \$12.54 | \$0.00 |
| Member Plus 1 Dependent | T1 | \$45.53 | \$20.44 | \$22.76 | \$10.22 |
| Member Plus 2 or More Dependents | T2 | \$79.76 | \$54.67 | \$39.87 | \$27.33 |
| Member Only | W1 | \$25.09 | \$0.00 | \$12.54 | \$0.00 |
| Member Plus 1 Dependent | X1 | \$45.53 | \$20.44 | \$22.76 | \$10.22 |
| Member Plus 2 or More Dependents | X2 | \$79.76 | \$54.67 | \$39.87 | \$27.33 |

**Department of Central Management Services
Bureau of Benefits
Group Insurance Division**

FY2006 Reimbursement Worksheet

Agency Name: _____

Pay Period - Beginning Date: ___ / ___ / ___ Ending Date: ___ / ___ / ___

Appropriation Account code No.: _____ - _____ - _____ - _____ - _____

Pay Code: _____

(One worksheet is required per paycode.)

| <u>Health & Dental Insurance Combined</u> | <u>Number of Employees</u> | <u>Semi-Monthly Rate</u> | <u>Reimbursement Payment</u> | <u>Total</u> |
|---|--------------------------------|------------------------------|----------------------------------|---------------------|
| Quality Care Plan | | | | |
| Member Only | _____ X | \$496.38 | \$ _____ | |
| Member & 1 Dependent | _____ X | \$739.08 | \$ _____ | |
| Member & 2 or more Dependents | _____ X | \$924.06 | \$ _____ | |
| HMO Plans / Open Access Plan / Quality Care w/o access | | | | |
| Member only | _____ X | \$402.51 | \$ _____ | |
| Member & 1 Dependent | _____ X | \$538.59 | \$ _____ | |
| Member & 2 or more Dependents | _____ X | \$653.98 | \$ _____ | |
| Semi-Monthly Health Insurance Reimbursement | | | (A) \$ _____ | |
| <u>Life Insurance</u> | | | | |
| Member Only* | _____ X | \$9.42 | = | (B) \$ _____ |
| Semi-Monthly G. I. Reimbursement | | | (A + B) \$ _____ | |
| OR | | | | |
| Monthly G. I. Reimbursement | | | ((A + B) x 2) \$ _____ | |

* Each person, including part-time employees, are counted as a whole person.

**Department of Central Management Services
Bureau of Benefits
Group Insurance Division**

FY2006 Reimbursement Worksheet

Agency Name: _____

Pay Period - Beginning Date: ___ / ___ / ___ Ending Date: ___ / ___ / ___

Appropriation Account code No.: _____ - _____ - _____ - _____ - _____

Pay Code: _____
(One worksheet is required per paycode.)

| <u>Health Insurance Only</u> | <u>Number of Employees</u> | <u>Semi-Monthly Rate</u> | <u>Reimbursement Payment</u> | <u>Total</u> |
|---|--------------------------------|------------------------------|----------------------------------|--------------|
| Quality Care Plan | | | | |
| Member Only | _____ X | \$489.08 | \$ _____ | |
| Member & 1 Dependent | _____ X | \$724.26 | \$ _____ | |
| Member & 2 or more Dependent | _____ X | \$893.71 | \$ _____ | |
| HMO Plans / Open Access Plan / Quality Care w/o access | | | | |
| Member only | _____ X | \$395.21 | \$ _____ | |
| Member & 1 Dependent | _____ X | \$523.77 | \$ _____ | |
| Member & 2 or more Dependent | _____ X | \$623.63 | \$ _____ | |
| Semi-Monthly Health Reimbursement | | | (A) \$ _____ | |
| <u>Life Insurance</u> | | | | |
| Member Only* | _____ X | \$9.42 | = | (B) \$ _____ |
| Semi-Monthly G. I. Reimbursement | | | (A + B) \$ _____ | |
| OR | | | | |
| Monthly G. I. Reimbursement | | | ((A + B) x 2) \$ _____ | |

* Each person, including part-time employees, are counted as a whole person.

**Department of Central Management Services
Bureau of Benefits
Group Insurance Division**

FY2006 Reimbursement Cross Reference Directory Of Carrier/Plan Codes

| Insurance Plan | Health Only | | Health & Life Combined | | Carrier Code | Deduct Code |
|---|-------------|------------|------------------------|------------|-----------------------------------|----------------|
| | S/M Rate | Mo. Rate | S/M Rate | Mo. Rate | | |
| Health Insurance | | | | | | |
| Quality Care - Member | \$489.08 | \$978.16 | \$498.50 | \$997.00 | D3 | (1-5)K |
| Quality Care - Member & 1 Dependent | \$724.26 | \$1,448.52 | \$733.68 | \$1,467.36 | D3 | (1-5)L; (1-5)N |
| Quality Care - Member & 2 or more Dependents | \$893.71 | \$1,787.42 | \$903.13 | \$1,806.26 | D3 | (1-5)M; (1-5)O |
| Quality Care w/o HMO Access - Member | \$395.21 | \$790.42 | \$404.63 | \$809.26 | D1 | (1-5)K |
| Quality Care w/o HMO Access - Member & 1 Dependent | \$523.77 | \$1,047.54 | \$533.19 | \$1,066.38 | D1 | (1-5)L; (1-5)N |
| Quality Care w/o HMO Access - Member & 2 or more Dependents | \$623.63 | \$1,247.26 | \$633.05 | \$1,266.10 | D1 | (1-5)M; (1-5)O |
| HMO - Member | \$395.21 | \$790.42 | \$404.63 | \$809.26 | AH, AS, BS, BY, CA, CC, CE, CF | (1-5)K |
| HMO - Member & 1 Dependent | \$523.77 | \$1,047.54 | \$533.19 | \$1,066.38 | AH, AS, BS, BY, CA, CC, CE, CF | (1-5)L; (1-5)N |
| HMO - Member & 2 or more Dependents | \$623.63 | \$1,247.26 | \$633.05 | \$1,266.10 | AH, AS, BS, BY, CA, CC, CE, CF | (1-5)M; (1-5)O |
| Dental Insurance | | | | | | |
| Quality Care Dental - Member | \$7.30 | \$14.60 | \$7.30 | \$14.60 | D6 | W1; S1 |
| Quality Care Dental - Member & 1 Dependent | \$14.82 | \$29.64 | \$14.82 | \$29.64 | D6 | X1; T1 |
| Quality Care Dental - Member & 2 or more Dependents | \$30.35 | \$60.70 | \$30.35 | \$60.70 | D6 | X2; T2 |
| Life Insurance | \$9.42 | \$18.84 | | | C9 | |

**Department of Central Management Services
Bureau of Benefits
Group Insurance Division**

FY2006 Reimbursement Composite Rate Schedule

| Monthly Table | | Health & Dental Combined | Health & Life Combined | Health, Dental & Life Combined |
|---|----------------|---|---------------------------------------|---|
| Health Plan | Health | | | |
| Quality Care - Member | \$978.16 | \$992.76 | \$997.00 | \$1,011.60 |
| Quality Care - Member & 1 Dependent | \$1,448.52 | \$1,478.16 | \$1,467.36 | \$1,497.00 |
| Quality Care - Member & 2 or more Dependents | \$1,787.42 | \$1,848.12 | \$1,806.26 | \$1,866.96 |
| HMO / OAP / No Access - Member | \$790.42 | \$805.02 | \$809.26 | \$823.86 |
| HMO / OAP / No Access - Member & 1 Dependent | \$1,047.54 | \$1,077.18 | \$1,066.38 | \$1,096.02 |
| HMO / OAP / No Access - Member & 2 or more Dependents | \$1,247.26 | \$1,307.96 | \$1,266.10 | \$1,326.80 |
| | | | | |
| | Life | Life | | |
| Life Insurance | \$18.84 | \$18.84 | | |

| Semi-Monthly Table | | Health & Dental Combined | Health & Life Combined | Health, Dental & Life Combined |
|---|---------------|---|---------------------------------------|---|
| Health Plan | Health | | | |
| Quality Care - Member | \$489.08 | \$496.38 | \$498.50 | \$505.80 |
| Quality Care - Member & 1 Dependent | \$724.26 | \$739.08 | \$733.68 | \$748.50 |
| Quality Care - Member & 2 or more Dependents | \$893.71 | \$924.06 | \$903.13 | \$933.48 |
| HMO / OAP / No Access - Member | \$395.21 | \$402.51 | \$404.63 | \$411.93 |
| HMO / OAP / No Access - Member & 1 Dependent | \$523.77 | \$538.59 | \$533.19 | \$548.01 |
| HMO / OAP / No Access - Member & 2 or more Dependents | \$623.63 | \$653.98 | \$633.05 | \$663.40 |
| | | | | |
| | Life | Life | | |
| Life Insurance | \$9.42 | \$9.42 | | |

Department of Central Management Services
Bureau of Benefits

University Permanent Layoff Reimbursement Calculation Worksheet

FY 2006 Reimbursement Rates

University Name: _____

Pay Period - Beginning Date: ___ / ___ / ___ Ending Date: ___ / ___ / ___

Appropriation Account code No.: _____ - _____ - _____ - _____ - _____

Pay Code: _____

(One worksheet is required per paycode.)

| <u>Health Insurance</u> | <u>Number of Employees</u> | <u>Semi-Monthly Rate *</u> | | <u>Reimbursement Payment</u> | <u>Total</u> |
|--|--------------------------------|----------------------------|-----------------|----------------------------------|---------------------|
| | | <u>Employer</u> | <u>Employee</u> | | |
| Quality Care Plan | | | | | |
| Member Only | _____ | X (\$489.08 | + \$27.19) = | \$ _____ | |
| Member & 1 Dependent | _____ | X (\$724.26 | + \$108.19) = | \$ _____ | |
| Member & 2 or more Dependents | _____ | X (\$893.71 | + \$123.19) = | \$ _____ | |
| HMO Plans / POS Plans / Quality Care w/o access | | | | | |
| Member only | _____ | X (\$395.21 | + \$17.09) = | \$ _____ | |
| Member & 1 Dependent | _____ | X (\$523.77 | + \$53.22) = | \$ _____ | |
| Member & 2 or more Dependents | _____ | X (\$623.63 | + \$72.24) = | \$ _____ | |
| Semi-Monthly Health Insurance Reimbursement | | | | (A) | \$ _____ |
| <u>Dental Insurance</u> | | | | | |
| Quality Care Dental Plan: | | | | | |
| Member only | _____ | X (\$7.30 | + \$5.00) = | \$ _____ | |
| Member & 1 Dependent | _____ | X (\$14.82 | + \$7.50) = | \$ _____ | |
| Member & 2 or more Dependents | _____ | X (\$30.35 | + \$8.75) = | \$ _____ | |
| Semi-Monthly Dental Insurance Reimbursement | | | | (B) | \$ _____ |
| <u>Life Insurance</u> | | | | | |
| Member Only ** | _____ | X | \$9.42 | = | (C) \$ _____ |
| Semi-Monthly G. I. Reimbursement | | | | (A + B + C) | \$ _____ |
| OR | | | | | |
| Monthly G. I. Reimbursement | | | | ((A + B + C) x 2) | \$ _____ |

* The University is responsible for reimbursing the total of the employer and employee amounts.

** Each person, including part-time employees, are counted as a whole person.