Department of Central Management Services
Group Insurance Division

FY2008
Health Rate Tables

July 1, 2007 – June 30, 2008

FY2008 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

Quality Care Health Plan - D3

Effective July 1, 2007

State Active Member

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

Fiscal Year 2008

Quality Care Health Plan - D3

Effective July 1, 2007

Retiree/Annuitants/Survivors(Non Medicare)		*Semi-Monthly Rates* MEMBER	*Monthly Rates* MEMBER
Member Only	6A	$0.00	$0.00
Member Plus 1 Non Medicare Dependent	6B	$92.00	$184.00
Member Plus 2 or More Dependents	6C	$107.00	$214.00
Member Plus 1 Medicare Primary Dependent	6D	$65.00	$130.00
Member Plus 2 or More Medicare Primary Dependents	6E	$95.50	$191.00

Retiree/Annuitants/Survivors(Medicare)		*Semi-Monthly Rates* MEMBER	*Monthly Rates* MEMBER
Member Only	6F	$0.00	$0.00
Member Plus 1 Non Medicare Dependent	6G	$92.00	$184.00
Member Plus 2 or More Dependents	6H	$107.00	$214.00
Member Plus 1 Medicare Primary Dependent	6I	$65.00	$130.00
Member Plus 2 or More Medicare Primary Dependents	6J	$95.50	$191.00

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

Fiscal Year 2008

Quality Care W/No Access - D1

Effective July 1, 2007

State Active Member

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

Ending Section for : **Quality Care W/No Access**

Fiscal Year 2008

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Health Alliance HMO - AH

Effective July 1, 2007

State Active Member

			Semi-Monthly Rates			Monthly Rates		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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Fiscal Year 2008

Health Alliance HMO - AH

Effective July 1, 2007

Retiree/Annuitants/Survivors(Non Medicare)

		Semi-Monthly Rates			Monthly Rates		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

Retiree/Annuitants/Survivors(Medicare)

		Semi-Monthly Rates			Monthly Rates		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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Health Alliance Illinois - BS

Effective July 1, 2007

State Active Member

			Semi-Monthly Rates			Monthly Rates		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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Fiscal Year 2008

Health Alliance Illinois - BS

Effective July 1, 2007

Retiree/Annuitants/Survivors(Non Medicare)

		Semi-Monthly Rates			Monthly Rates		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

Retiree/Annuitants/Survivors(Medicare)

		Semi-Monthly Rates			Monthly Rates		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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**

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Fiscal Year 2008

HealthLink Open Access - CF

Effective July 1, 2007

State Active Member

			Semi-Monthly Rates			Monthly Rates		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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Fiscal Year 2008

HealthLink Open Access - CF

Effective July 1, 2007

Retiree/Annuitants/Survivors(Non Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	**STATE**	**TOTAL**	**MEMBER**	**STATE**	**TOTAL**
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

Retiree/Annuitants/Survivors(Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	**STATE**	**TOTAL**	**MEMBER**	**STATE**	**TOTAL**
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

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HMO Illinois - BY

Effective July 1, 2007

State Active Member

			Semi-Monthly Rates			Monthly Rates		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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Fiscal Year 2008

HMO Illinois - BY

Effective July 1, 2007

Retiree/Annuitants/Survivors(Non Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	**STATE**	**TOTAL**	**MEMBER**	**STATE**	**TOTAL**
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

Retiree/Annuitants/Survivors(Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	**STATE**	**TOTAL**	**MEMBER**	**STATE**	**TOTAL**
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

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OSF Health Plan - CA

Effective July 1, 2007

State Active Member

			Semi-Monthly Rates			Monthly Rates		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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Fiscal Year 2008

OSF Health Plan - CA

Effective July 1, 2007

Retiree/Annuitants/Survivors(Non Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	**STATE**	**TOTAL**	**MEMBER**	**STATE**	**TOTAL**
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

Retiree/Annuitants/Survivors(Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	**STATE**	**TOTAL**	**MEMBER**	**STATE**	**TOTAL**
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

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OSF Winnebago - CE

Effective July 1, 2007

State Active Member

			Semi-Monthly Rates			Monthly Rates		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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Fiscal Year 2008

OSF Winnebago - CE

Effective July 1, 2007

Retiree/Annuitants/Survivors(Non Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	**STATE**	**TOTAL**	**MEMBER**	**STATE**	**TOTAL**
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

Retiree/Annuitants/Survivors(Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	**STATE**	**TOTAL**	**MEMBER**	**STATE**	**TOTAL**
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

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Personal Care HMO - AS

Effective July 1, 2007

State Active Member

			Semi-Monthly Rates			Monthly Rates		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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Fiscal Year 2008

Personal Care HMO - AS

Effective July 1, 2007

Retiree/Annuitants/Survivors(Non Medicare)

		Semi-Monthly Rates			Monthly Rates		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

Retiree/Annuitants/Survivors(Medicare)

		Semi-Monthly Rates			Monthly Rates		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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UniCare HMO - CC

Effective July 1, 2007

State Active Member

			Semi-Monthly Rates			Monthly Rates		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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Fiscal Year 2008

UniCare HMO - CC

Effective July 1, 2007

Retiree/Annuitants/Survivors(Non Medicare)

		Semi-Monthly Rates			Monthly Rates		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

Retiree/Annuitants/Survivors(Medicare)

		Semi-Monthly Rates			Monthly Rates		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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
Dental Rate Tables

July 1, 2007 – June 30, 2008

FY2008 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

Fiscal Year 2008

Effective July 1, 2007

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

		Semi-Monthly Rates			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

		Semi-Monthly Rates			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

FY2008 Health and Dental Premium & Imputed Income for Domestic Partner Coverage

July 1, 2007 – June 30, 2008

FY2008 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 Domestic Partner

Non-IRS Dependent (1A)

Premium Rates & Imputed Income Amounts

(Monthly)

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) 558-4671for the exact premium and imputed income amounts.

Department of Central Management Services
Group Insurance Division

FY2008 Health and Dental COBRA Rate Tables

July 1, 2007 – June 30, 2008

FY2008 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 FY2008 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 2008

Effective July 1, 2007

05/16/2007

QUALITY CARE HEALTH PLAN - D3

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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 Year 2008

Effective July 1, 2007

05/16/2007

HEALTHLINK OAP - CF

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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 Year 2008

Effective July 1, 2007

05/16/2007

OSF WINNEBAGO - CE

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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 Year 2008

Effective July 1, 2007

05/16/2007

QUALITY CARE DENTAL PLAN - D6

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

FY2008 Reimbursement Worksheets

July 1, 2007 – June 30, 2008

Department of Central Management Serivces
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)

Health & Dental Insurance Combined	Number of Employees		Semi-Monthly Rate	Reimbursement Payment	Total
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 Serivces
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)

Health Insurance Only	Number of Employees		Semi-Monthly Rate	Reimbursement Payment	Total
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) $_____

Life Insurance

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 Serivces
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)

Health & Dental Insurance Combined	Number of Employees		Semi-Monthly Rate		Reimbursement Payment	Total
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)	$_____
Life Insurance						
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 Serivces
Bureau of Benefits
Group Insurance Division

FY2008 Reimbursement Cross Reference Directory Of Carrier/Plan Codes

	Health Only		Health & Life Combined			
Insurance Plan	**S/M Rate**	**Mo. Rate**	**S/M Rate**	**Mo. Rate**	**Carrier Code**	**Deduct Code**
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	$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	$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	$10.18	$20.36			C9	

Department of Central Management Serivces
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		

05/22/2007

Department of Central Management Serivces
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.)

Health Insurance	Number of Employees		Semi-Monthly Rate * Employer		Semi-Monthly Rate * Employee		Reimbursement Payment	Total
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)	$_____

Dental Insurance								
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)	$_____

Life Insurance						
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 <u>not</u> 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:

<u>State Active Member</u> - Members active on payroll or on a leave of absence.

<u>Retiree/Annuitants/Survivors (Non-Medicare)</u> – 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

			Semi-Monthly Rates			*Monthly Rates*		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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

Retiree/Annuitants/Survivors(Non Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

Retiree/Annuitants/Survivors(Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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			*Semi-Monthly Rates*			*Monthly Rates*		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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

Health Alliance HMO - AH

Effective July 1, 2006

State Active Member

			Semi-Monthly Rates			Monthly Rates		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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Fiscal Year 2007

Health Alliance HMO - AH

Effective July 1, 2006

Retiree/Annuitants/Survivors(Non Medicare)

		Semi-Monthly Rates			Monthly Rates		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

Retiree/Annuitants/Survivors(Medicare)

		Semi-Monthly Rates			Monthly Rates		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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

Health Alliance Illinois - BS

Effective July 1, 2006

State Active Member

			Semi-Monthly Rates			Monthly Rates		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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Fiscal Year 2007

Health Alliance Illinois - BS

Effective July 1, 2006

Retiree/Annuitants/Survivors(Non Medicare)

		Semi-Monthly Rates			Monthly Rates		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

Retiree/Annuitants/Survivors(Medicare)

		Semi-Monthly Rates			Monthly Rates		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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HealthLink Open Access - CF

Effective July 1, 2006

State Active Member

			Semi-Monthly Rates			Monthly Rates		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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Fiscal Year 2007

HealthLink Open Access - CF

Effective July 1, 2006

Retiree/Annuitants/Survivors(Non Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

Retiree/Annuitants/Survivors(Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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State Active Member

			Semi-Monthly Rates			Monthly Rates		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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Fiscal Year 2007

HMO Illinois - BY

Effective July 1, 2006

Retiree/Annuitants/Survivors(Non Medicare)

		Semi-Monthly Rates			Monthly Rates		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

Retiree/Annuitants/Survivors(Medicare)

		Semi-Monthly Rates			Monthly Rates		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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State Active Member

			Semi-Monthly Rates			Monthly Rates		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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OSF Health Plan - CA

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Retiree/Annuitants/Survivors(Non Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

Retiree/Annuitants/Survivors(Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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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State Active Member

			Semi-Monthly Rates			Monthly Rates		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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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OSF Winnebago - CE

Effective July 1, 2006

Retiree/Annuitants/Survivors(Non Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

Retiree/Annuitants/Survivors(Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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

State Active Member

			Semi-Monthly Rates			Monthly Rates		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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

Fiscal Year 2007

Personal Care HMO - AS

Effective July 1, 2006

Retiree/Annuitants/Survivors(Non Medicare)

		Semi-Monthly Rates			Monthly Rates		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

Retiree/Annuitants/Survivors(Medicare)

		Semi-Monthly Rates			Monthly Rates		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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

State Active Member

			Semi-Monthly Rates			Monthly Rates		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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Fiscal Year 2007

UniCare HMO - CC

Effective July 1, 2006

Retiree/Annuitants/Survivors(Non Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

Retiree/Annuitants/Survivors(Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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 <u>not</u> 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):

<u>Active Members with Access</u>

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

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

		Semi-Monthly Rates			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

		Semi-Monthly Rates			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

05/16/2006

Effective July 1, 2006

HEALTHLINK OAP - CF

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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)

Health and Dental Insurance	Number of Employees		Semi-Monthly Rate	Reimbursement Payment	Total
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.)

Health Insurance Only	Number of Employees		Semi-Monthly Rate	Reimbursement Payment	Total
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) $_____

Life Insurance

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.

CMS-615 IL 401-1607 (Eff. 07/01/2006)

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.)

Health & Dental Insurance Combined	Number of Employees		Semi-Monthly Rate	Reimbursement Payment	Total
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) $_____

Life Insurance

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.**

CMS-615 IL 401-1607 (Eff. 07/01/2006)

Department of Central Management Services
Bureau of Benefits
Group Insurance Division

FY2007 Reimbursement Cross Reference Directory Of Carrier/Plan Codes

	Health Only		Health & Life Combined			
Insurance Plan	S/M Rate	Mo. Rate	S/M Rate	Mo. Rate	Carrier Code	Deduct Code
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.)

Health Insurance	Number of Employees	Semi-Monthly Rate * Employer		Employee		Reimbursement Payment	Total
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)	$_____

Dental Insurance							
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)	$_____

Life Insurance							
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.

CMS-615 IL 401-1607 U (Eff. 07/01/2006)

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			*Semi-Monthly Rates*			*Monthly Rates*		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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

Retiree/Annuitants/Survivors(Non Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

Retiree/Annuitants/Survivors(Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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			*Semi-Monthly Rates*			*Monthly Rates*		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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

Health Alliance HMO - AH

Effective July 1, 2005

State Active Member

			Semi-Monthly Rates			Monthly Rates		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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

Fiscal Year 2006

Health Alliance HMO - AH

Effective July 1, 2005

Retiree/Annuitants/Survivors(Non Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

Retiree/Annuitants/Survivors(Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

State Active Member

			Semi-Monthly Rates			Monthly Rates		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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Fiscal Year 2006

Health Alliance Illinois - BS

Effective July 1, 2005

Retiree/Annuitants/Survivors(Non Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

Retiree/Annuitants/Survivors(Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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HealthLink Open Access - CF

Effective July 1, 2005

State Active Member

			Semi-Monthly Rates			Monthly Rates		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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Fiscal Year 2006

HealthLink Open Access - CF

Effective July 1, 2005

Retiree/Annuitants/Survivors(Non Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

Retiree/Annuitants/Survivors(Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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State Active Member

			Semi-Monthly Rates			Monthly Rates		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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Fiscal Year 2006
HMO Illinois - BY
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Retiree/Annuitants/Survivors(Non Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

Retiree/Annuitants/Survivors(Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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State Active Member

			Semi-Monthly Rates			Monthly Rates		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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

Retiree/Annuitants/Survivors(Non Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

Retiree/Annuitants/Survivors(Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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State Active Member

			Semi-Monthly Rates			Monthly Rates		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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Fiscal Year 2006

OSF Winnebago - CE

Effective July 1, 2005

Retiree/Annuitants/Survivors(Non Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

Retiree/Annuitants/Survivors(Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

State Active Member

			Semi-Monthly Rates			Monthly Rates		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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Fiscal Year 2006

Personal Care HMO - AS

Effective July 1, 2005

Retiree/Annuitants/Survivors(Non Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

Retiree/Annuitants/Survivors(Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

State Active Member

			Semi-Monthly Rates			Monthly Rates		
			MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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Fiscal Year 2006

UniCare HMO - CC

Effective July 1, 2005

Retiree/Annuitants/Survivors(Non Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

Retiree/Annuitants/Survivors(Medicare)		*Semi-Monthly Rates*			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

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

		Semi-Monthly Rates			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

		Semi-Monthly Rates			*Monthly Rates*		
		MEMBER	STATE	TOTAL	MEMBER	STATE	TOTAL
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

05/18/2005

Effective July 1, 2005

QUALITY CARE HEALTH PLAN - D3

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

05/18/2005

Effective July 1, 2005

HEALTHLINK OAP - CF

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

05/18/2005

Effective July 1, 2005

OSF WINNEBAGO - CE

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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

		Monthly Rates		Semi-Monthly Rates	
	Deduct Code	**Total**	**Dependent**	**Total**	**Dependent**
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.)

Health & Dental Insurance Combined	Number of Employees		Semi-Monthly Rate	Reimbursement Payment	Total
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) $_____

Life Insurance

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.

CMS-615 IL 401-1607 (Eff. 07/01/2005)

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.)

Health Insurance Only	Number of Employees		Semi-Monthly Rate	Reimbursement Payment	Total
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)	$_____
Life Insurance					
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.**

CMS-615 IL 401-1607 (Eff. 07/01/2005)

Department of Central Management Services
Bureau of Benefits
Group Insurance Division

FY2006 Reimbursement Cross Reference Directory Of Carrier/Plan Codes

	Health Only		Health & Life Combined			
Insurance Plan	S/M Rate	Mo. Rate	S/M Rate	Mo. Rate	Carrier Code	Deduct Code
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	Health & Dental Combined	Health & Life Combined	Health, Dental & Life Combined
Health Plan				
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	Health & Dental Combined	Health & Life Combined	Health, Dental & Life Combined
Health Plan				
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.)

Health Insurance	Number of Employees	Semi-Monthly Rate * Employer		Employee		Reimbursement Payment	Total
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)	$_____

Dental Insurance

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)	$_____

Life Insurance

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.**