

2023 Benefits Contribution Schedule: Loyola University Health System

Coverage Election	Employment Status	Colleague Contribution (These premiums are deducted bi-weekly for 26 weeks)			
Medical Coverage <i>Annual base salary below the 2022 SSTWB of \$147,000</i>		EE Only	EE + Spouse/ Eligible Adult	EE + Child(ren)	Family
Traditional Plan – BCBSM	Full-Time	\$ 62.47	\$ 171.78	\$ 121.03	\$ 214.73
	Part-Time	\$ 117.52	\$ 291.70	\$ 205.51	\$ 364.62
Health Savings Plan - BCBSM	Full-Time	\$ 43.10	\$ 126.43	\$ 89.08	\$ 158.04
	Part-Time	\$ 94.25	\$ 237.85	\$ 167.58	\$ 297.31
Essential Plan – BCBSM	Full-Time	\$ 26.35	\$ 86.95	\$ 61.26	\$ 108.69
	Part-Time	\$ 73.70	\$ 190.11	\$ 133.94	\$ 244.62
Medical Coverage <i>Annual base salary above the 2022 SSTWB of \$147,000</i>		EE Only	EE + Spouse/ Eligible Adult	EE + Child(ren)	Family
Traditional Plan – BCBSM	Full-Time	\$ 78.08	\$ 206.14	\$ 145.24	\$ 257.68
	Part-Time	\$ 133.14	\$ 326.06	\$ 229.72	\$ 407.57
Health Savings Plan - BCBSM	Full-Time	\$ 57.47	\$ 158.04	\$ 111.35	\$ 197.55
	Part-Time	\$ 108.62	\$ 269.46	\$ 189.85	\$ 336.82
Essential Plan – BCBSM	Full-Time	\$ 39.52	\$ 115.93	\$ 81.68	\$ 144.91
	Part-Time	\$ 86.88	\$ 219.09	\$ 154.36	\$ 280.85
Dental Coverage		EE Only	EE + Spouse/ Eligible Adult	EE + Child(ren)	Family
High Plan – Delta Dental	Full-Time	\$ 7.86	\$ 17.23	\$ 18.64	\$ 26.93
	Part-Time	\$ 11.34	\$ 24.36	\$ 27.41	\$ 39.74
Standard Plan – Delta Dental	Full-Time	\$ 5.09	\$ 11.24	\$ 12.12	\$ 17.51
	Part-Time	\$ 7.54	\$ 16.01	\$ 18.01	\$ 26.45
Vision Coverage		EE Only	EE + Spouse/ Eligible Adult	EE + Child(ren)	Family
High Plan – United Healthcare	Full/Part-Time	\$ 6.24	\$ 12.95	\$ 13.59	\$ 19.14
Standard Plan – United Healthcare	Full/Part-Time	\$ 3.17	\$ 5.81	\$ 6.11	\$ 8.43

*NOTE: Premium contributions may vary from the amount shown on your pay advice due to rounding.

Supplemental Life Insurance Rates

Age	Colleague Life Cost Per \$1,000	Spouse Life* Cost Per \$1,000
Under 25	\$ 0.022	\$ 0.050
25 – 29	\$ 0.025	\$ 0.059
30 – 34	\$ 0.033	\$ 0.082
35 – 39	\$ 0.037	\$ 0.093
40 – 44	\$ 0.042	\$ 0.108
45 – 49	\$ 0.064	\$ 0.164
50 – 54	\$ 0.101	\$ 0.273
55 – 59	\$ 0.186	\$ 0.471
60 – 64	\$ 0.291	\$ 0.758
65 – 69	\$ 0.538	\$ 1.412
70 – 74	\$ 0.893	\$ 2.717
75+	\$ 1.200	\$ 2.157

Child Life: The monthly cost per \$1,000 increment for all eligible children is a flat \$0.100.

*Costs for spouse life are based on the **colleague's** age as of Jan. 1, 2023.

Premium Calculation Example:

- Assume an employee is 35 years of age, earns \$22,300 per year, and elects supplemental life insurance at 2 x their annual salary:
 Step 1: $\$22,300 \times 2 = \$44,600$
 (round to the next higher \$1,000 = \$45,000)
 Step 2: $\$45,000 / 1,000 = 45$
 Step 3: $45 \times .037$ (from table) = \$1.67 monthly

- Assume the same employee selects \$50,000 coverage for his/her spouse:
 Step 1: $\$50,000 / 1,000 = 50$
 Step 2: $50 \times .037$ (based on colleague's age) = \$1.85 monthly

Supplemental AD&D Rates

Colleague Supplemental AD&D: The monthly cost per \$1,000 increment for all ages is a flat \$0.011.