



**LOYOLA  
UNIVERSITY  
CHICAGO**

**2006 Monthly Rate Sheet for  
Full-Time Faculty and Staff**

<b>Health Insurance</b>				
<b>Level</b>	<b>BC/BS Option I</b>	<b>BC/BS Loyola Preferred</b>	<b>HMO Illinois</b>	<b>Humana HMO Univ-Lakeside Only</b>
Employee	\$95.00	\$72.00	\$76.00	\$148.00
Employee + Spouse	\$310.00	\$239.00	\$222.00	\$366.00
Employee + Children	\$266.00	\$205.00	\$238.00	\$315.00
Employee + Family	\$378.00	\$292.00	\$342.00	\$593.00

<b>Dental Insurance</b>		
<b>Level</b>	<b>Delta Dental</b>	<b>DHMO</b>
Employee	\$12.50	\$6.00
Employee + Spouse	\$26.00	\$11.50
Employee + Children	\$30.00	\$14.00
Employee + Family	\$42.50	\$19.00

<b>Life Insurance</b>			
<b>Supplemental Life</b>		<b>Dependent Life</b>	
<b>Age</b>	<b>Rate per \$1,000</b>	<b>Coverage</b>	<b>Rate</b>
		Spouse:	
< 30	\$0.06	\$5,000	\$2.37
30-34	\$0.08	\$10,000	\$5.04
35-39	\$0.10	\$15,000	\$7.92
40-44	\$0.13	\$20,000	\$10.44
45-49	\$0.20	\$25,000	\$12.61
50-54	\$0.35	\$30,000	\$14.68
55-59	\$0.62	\$35,000	\$16.48
60-64	\$0.88	\$40,000	\$18.20
65-69	\$1.39	\$45,000	\$19.60
70-74	\$2.06	\$50,000	\$20.41
75-79	\$2.06	\$60,000	\$24.08
80<	\$3.43	\$70,000	\$28.41
		\$80,000	\$33.53
		\$90,000	\$39.57
		\$100,000	\$46.70
		Children:	
		\$5,000	\$0.37

<b>Vision Service Plan</b>	
Employee	\$8.34
EE + Spouse	\$13.24
EE + Children	\$13.52
EE + Family	\$21.80

<b>Hyatt Legal Plan</b>
\$15.00

<b>Personal Accident Rate per \$1,000</b>	
Employee	0.030
EE + Family	0.045



**LOYOLA  
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## 2006 Monthly Rate Sheet for Part-Time Staff

<b>Health Insurance</b>				
<b>Level</b>	<b>BC/BS Option I</b>	<b>BC/BS Loyola Preferred</b>	<b>HMO Illinois</b>	<b>Humana HMO Univ-Lakeside Only</b>
Employee	\$375.99	\$323.75	\$314.00	\$386.00
Employee + Spouse	\$898.62	\$773.76	\$618.00	\$762.00
Employee + Children	\$774.54	\$666.93	\$661.00	\$738.00
Employee + Family	\$1,101.65	\$948.59	\$967.00	\$1,218.00

<b>Dental Insurance</b>		
<b>Level</b>	<b>Delta Dental</b>	<b>DHMO</b>
Employee	\$29.09	\$13.83
Employee + Spouse	\$55.17	\$26.60
Employee + Children	\$63.28	\$30.70
Employee + Family	\$89.39	\$43.44

<b>Life Insurance</b>			
<b>Supplemental Life</b>		<b>Dependent Life</b>	
<b>Age</b>	<b>Rate per \$1,000</b>	<b>Coverage</b>	<b>Rate</b>
		Spouse:	
< 30	\$0.06	\$5,000	\$2.37
30-34	\$0.08	\$10,000	\$5.04
35-39	\$0.10	\$15,000	\$7.92
40-44	\$0.13	\$20,000	\$10.44
45-49	\$0.20	\$25,000	\$12.61
50-54	\$0.35	\$30,000	\$14.68
55-59	\$0.62	\$35,000	\$16.48
60-64	\$0.88	\$40,000	\$18.20
65-69	\$1.39	\$45,000	\$19.60
70-74	\$2.06	\$50,000	\$20.41
75-79	\$2.06	\$60,000	\$24.08
80<	\$3.43	\$70,000	\$28.41
		\$80,000	\$33.53
		\$90,000	\$39.57
		\$100,000	\$46.70
		Children:	
		\$5,000	\$0.37

<b>Vision Service Plan</b>	
Employee	\$8.34
EE + Spouse	\$13.24
EE + Children	\$13.52
EE + Family	\$21.80

<b>Hyatt Legal Plan</b>
\$15.00

<b>Personal Accident Rate per \$1,000</b>	
Employee	0.030
EE + Family	0.045