

2007 Monthly Rate Sheet for Full-Time Faculty and Staff

| Health Insurance | | | |
|---------------------------|-----------------|-------------------------|-----------------|
| Level | BC/BS | | HMO |
| | Option I | Loyola Preferred | Illinois |
| Single | \$95.00 | \$72.00 | \$80.00 |
| Single + Spouse | \$310.00 | \$239.00 | \$239.00 |
| Single + Child(ren) | \$266.00 | \$205.00 | \$242.00 |
| Family | \$378.00 | \$292.00 | \$346.00 |
| Single + LDA | \$310.00 | \$239.00 | \$239.00 |
| Single + LDA + Child(ren) | \$378.00 | \$292.00 | \$346.00 |

| Dental Insurance | | |
|-------------------------|---------------------|-------------|
| Level | Delta Dental | DHMO |
| Single | \$12.50 | \$6.00 |
| Single + Spouse | \$26.00 | \$11.50 |
| Single + Child(ren) | \$30.00 | \$14.00 |
| Family | \$42.50 | \$19.00 |
| Single + LDA | \$26.00 | \$11.50 |
| Single + LDA Child(ren) | \$42.50 | \$19.00 |

| Life Insurance | | | |
|--------------------------|-------------------------|-----------------------|-------------|
| Supplemental Life | | Dependent Life | |
| Age | Rate per \$1,000 | Coverage | Rate |
| | | 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 |

| Vision Service Plan, or Always Vision | Rate |
|--|-------------|
| Employee | \$8.34 |
| Single + Spouse | \$13.24 |
| Single + Child(ren) | \$13.52 |
| Family | \$21.80 |
| Single + LDA | \$13.24 |
| Single + LDA + Child(ren) | \$21.80 |

| Hyatt Legal Plan |
|-----------------------------|
| \$15.00 |

| Personal Accident Rate per \$1,000 | |
|---|-------|
| Employee | 0.030 |
| EE + Family | 0.045 |