



**LOYOLA
UNIVERSITY
CHICAGO**

2007 Monthly Rate Sheet for Part-Time Staff

Health Insurance			
Level	BC/BS Option I	BC/BS Loyola Preferred	HMO Illinois
Single	\$384.56	\$291.45	\$346.34
Single + Spouse	\$903.72	\$684.91	\$681.65
Single + Child(ren)	\$792.19	\$600.39	\$729.08
Family	\$1,142.14	\$865.61	\$1,066.60
Single + LDA	\$903.72	\$684.91	\$681.65
Single + LDA + Child(ren)	\$1,142.14	\$865.61	\$1,066.60

Dental Insurance		
Level	Delta Dental	DHMO
Single	\$28.90	\$13.83
Single + Spouse	\$55.80	\$26.60
Single + Child(ren)	\$62.85	\$30.70
Family	\$88.78	\$43.44
Single + LDA	\$55.80	\$26.60
Single + LDA + Child(ren)	\$88.78	\$43.44

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 Plan	Rate
Single	\$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 (AD&D) Rate per \$1,000	
Employee	0.030
EE + Family	0.045