

**UCC Medical & Dental Benefits Plan
2018 Rates & Information for Illinois South Conference**

Notes:

1. The health insurance rates are listed by Age band; the age-rate is based upon the employee's age as of January 1 of the current plan year. If an employee ages into a different age band during the plan year, the rate will not change until January 1 of the following year.
2. Dental rates are non-age related.
3. The Pension Boards sends out invoices quarterly for the health and dental insurance plans.

HEALTH INSURANCE RATES – QUARTERLY

Members Age 41 and Over

Coverage Type	Plan A	Plan B	Plan C
One Adult	\$2,863.50	\$2,433.75	\$1,959.75
Two Adults	\$5,682.75	\$4,881.75	\$3,930.75
One Adult & Child(ren)	\$5,585.25	\$4,803.75	\$3,870.00
Two Adults & Child(ren)	\$6,123.75	\$5,154.75	\$4,138.50

Members Age 40

Coverage Type	Plan A	Plan B	Plan C
One Adult	\$2,148.00	\$1,825.50	\$1,470.00
Two Adults	\$4,262.25	\$3,661.50	\$2,948.25
One Adult & Child(ren)	\$4,188.75	\$3,603.00	\$2,902.50
Two Adults & Child(ren)	\$4,593.00	\$3,866.25	\$3,104.25

Members Age 35 to 39

Coverage Type	Plan A	Plan B	Plan C
One Adult	\$1,518.00	\$1,290.00	\$1,038.75
Two Adults	\$3,012.00	\$2,587.50	\$2,083.50
One Adult & Child(ren)	\$2,960.25	\$2,546.25	\$2,051.25
Two Adults & Child(ren)	\$3,245.25	\$2,732.25	\$2,193.75

Members Age 30 to 34

Coverage Type	Plan A	Plan B	Plan C
One Adult	\$1,660.50	\$1,411.50	\$1,137.00
Two Adults	\$3,296.25	\$2,831.25	\$2,280.00
One Adult & Child(ren)	\$3,239.25	\$2,786.25	\$2,244.75
Two Adults & Child(ren)	\$3,552.00	\$2,989.50	\$2,400.00

Members Age 25 to 29

Coverage Type	Plan A	Plan B	Plan C
One Adult	\$1,546.50	\$1,314.00	\$1,058.25
Two Adults	\$3,069.00	\$2,636.25	\$2,122.50
One Adult & Child(ren)	\$3,015.75	\$2,594.25	\$2,089.50
Two Adults & Child(ren)	\$3,306.75	\$2,783.25	\$2,235.00

Members Under Age 25

Coverage Type	Plan A	Plan B	Plan C
One Adult	\$1,002.00	\$852.00	\$686.25
Two Adults	\$1,989.00	\$1,708.50	\$1,375.50
One Adult & Child(ren)	\$1,954.50	\$1,681.50	\$1,354.50
Two Adults & Child(ren)	\$2,143.50	\$1,804.50	\$1,448.25

HEALTH PLAN DETAILS**Plan A**

Deductible, In Network: \$300 individual; \$600 family
 Out-of-Pocket Maximum: \$2,000 individual; \$4,000 family
 Deductible, Out-of-Network: \$600 individual; \$1,200 family
 Out-of-Pocket Maximum: \$4,000 individual; \$8,000 family

Plan B

Deductible, In Network: \$500 individual; \$1,500 family
 Out-of-Pocket Maximum: \$5,000 individual; \$15,000 family
 Deductible, Out-of-Network: \$1,500 individual; \$4,500 family
 Out-of-Pocket Maximum: \$15,000 individual; \$45,000 family

Plan C

Deductible, In Network: \$1,000 individual; \$3,000 family
 Out-of-Pocket Maximum: \$6,000 individual; \$18,000 family
 Deductible, Out-of-Network: \$3,000 individual; \$9,000 family
 Out-of-Pocket Maximum: \$18,000 individual; \$54,000 family

DENTAL RATES – QUARTERLY

Coverage Type	Rate
One Adult	\$122.25
Two Adults	\$236.25
One Adult & Child(ren)	\$240.00
Two Adults & Child(ren)	\$270.00