**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**

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| **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**

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| --- | --- | --- | --- |
| **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**

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| **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**

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| **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**

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| **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**

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| **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**

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