

State of Illinois Insurance Rate Information
Fiscal Year 2021

Contents

Medical Premiums: Employees.....	2
Medical Premiums: Dependents.....	3
Additional Medical Cost: Part-time Employees.....	3
Additional Medical Cost: Part-time Employees with One Dependent.....	4
Additional Medical Cost: Part-time Employees with Two or More Dependents.....	5
Dental Premiums and Additional Cost for Part-time Employees.....	6
Vision Monthly Premiums.....	6
Basic Life Insurance Monthly Premiums.....	7
Optional Life Insurance Monthly Premiums.....	7
Accidental Death and Dismemberment Monthly Premiums.....	7
Spouse Life Insurance Monthly Premium.....	7
Child Life Insurance Monthly Premium.....	8

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State of Illinois Insurance Rate Information
Fiscal Year 2021

The cost you pay for insurance depends on the plans you choose, your annual salary and number of dependents. The charts below include monthly costs for medical, vision, dental and life insurance in fiscal year 2021 (July 1, 2020-June 30, 2021).

Please note: If you're part time, you'll pay a share of the state's contribution to your medical and dental coverage.

Medical Premiums: Employees

You'll pay the premium below each month for medical coverage for yourself. Since you're paid twice a month, half of the amount will be taken from each paycheck.

Employee Annual Salary	Aetna HMO	Blue Advantage HMO	Health Alliance HMO	HMO Illinois	Aetna OAP	HealthLink OAP	Consumer Driven Health Plan	Quality Care Health Plan
\$0 to \$30,200	\$95	\$74	\$95	\$77	\$90	\$101	\$75	\$107
\$30,201 to \$45,600	\$114	\$93	\$114	\$96	\$109	\$120	\$94	\$126
\$45,601 to \$60,700	\$133	\$112	\$133	\$115	\$128	\$139	\$113	\$144
\$60,701 to \$75,900	\$150	\$129	\$150	\$132	\$145	\$156	\$130	\$162
\$75,901 to \$100,000	\$169	\$148	\$169	\$151	\$164	\$175	\$149	\$181
\$100,001 to \$125,000	\$222	\$201	\$222	\$204	\$217	\$228	\$202	\$234
\$125,001 & over	\$254	\$233	\$254	\$236	\$249	\$260	\$234	\$266

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State of Illinois Insurance Rate Information
Fiscal Year 2021

Medical Premiums: Dependents

You'll pay the premium below each month for your dependent(s), in addition to your premium. Since you're paid twice a month, half of the premium will be taken from each paycheck.

Number of Dependents	Aetna HMO	Blue Advantage HMO	Health Alliance HMO	HMO Illinois	Aetna OAP	HealthLink OAP	Consumer Driven Health Plan	Quality Care Health Plan
1 Dependent	\$158	\$125	\$158	\$129	\$151	\$164	\$135	\$252
2+ Dependents	\$203	\$161	\$204	\$168	\$196	\$217	\$179	\$290

Additional Medical Cost: Part-time Employees

If you're part-time, you'll pay a proportionate share of the state contribution below each month in addition to your premium. Example: A 75% employee pays their premium and 25% of the state contribution below. Since you're paid twice a month, half of the amount will be taken from each paycheck.

Employee Annual Salary	Aetna HMO	Blue Advantage HMO	Health Alliance HMO	HMO Illinois	Aetna OAP	HealthLink OAP	Consumer Driven Health Plan	Quality Care Health Plan
\$0 to \$30,200	\$867.28	\$614.22	\$867.06	\$643.18	\$814.02	\$985.02	\$582.58	\$918.64
\$30,201 to \$45,600	\$848.28	\$595.22	\$848.06	\$624.18	\$795.02	\$966.02	\$563.58	\$962.64
\$45,601 to \$60,700	\$829.28	\$576.22	\$829.06	\$605.18	\$776.02	\$947.02	\$544.58	\$944.64
\$60,701 to \$75,900	\$812.28	\$559.22	\$812.06	\$588.18	\$759.02	\$930.02	\$527.58	\$926.64
\$75,901 to \$100,000	\$793.28	\$540.22	\$793.06	\$569.18	\$740.02	\$911.02	\$508.58	\$907.64
\$100,001 to \$125,000	\$740.28	\$487.22	\$740.06	\$516.18	\$687.02	\$858.02	\$455.58	\$854.64
\$125,001 & over	\$708.28	\$455.22	\$708.06	\$484.18	\$655.02	\$826.02	\$423.58	\$822.64

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State of Illinois Insurance Rate Information
Fiscal Year 2021

Additional Medical Cost: Part-time Employees with One Dependent

If you're part-time with one dependent, you'll pay a proportionate share of the state contribution below each month in addition to premiums for yourself and your dependent. Example: A 75% employee pays their premium, the dependent premium and 25% of the state contribution below. Since you're paid twice a month, half of the amount will be taken from each paycheck.

Employee Annual Salary	Aetna HMO	Blue Advantage HMO	Health Alliance HMO	HMO Illinois	Aetna OAP	HealthLink OAP	Consumer Driven Health Plan	Quality Care Health Plan
\$0 to \$30,200	\$1516.66	\$1066.38	\$1516.24	\$1118.18	\$1416.56	\$1724.14	\$1053.02	\$2119.54
\$30,201 to \$45,600	\$1497.66	\$1047.38	\$1497.24	\$1099.18	\$1397.56	\$1705.14	\$1034.02	\$2100.54
\$45,601 to \$60,700	\$1478.66	\$1028.38	\$1478.24	\$1080.18	\$1387.56	\$1686.14	\$1015.02	\$2082.54
\$60,701 to \$75,900	\$1461.66	\$1011.38	\$1461.24	\$1063.18	\$1361.56	\$1669.14	\$998.02	\$2064.54
\$75,901 to \$100,000	\$1442.66	\$922.38	\$1442.24	\$1044.18	\$1342.56	\$1650.14	\$979.02	\$2045.54
\$100,001 to \$125,000	\$1389.66	\$939.38	\$1389.24	\$991.18	\$1289.56	\$1597.14	\$926.02	\$1992.54
\$125,001 & over	\$1357.66	\$907.38	\$1357.24	\$959.18	\$1257.56	\$1565.14	\$894.02	\$1960.54

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State of Illinois Insurance Rate Information
Fiscal Year 2021

Additional Medical Cost: Part-time Employees with Two or More Dependents

If you're part-time with two or more dependents, you'll pay a proportionate share of the state contribution below each month in addition to premiums for yourself and your dependents. Example: A 75% employee pays their premium, the dependent premium and 25% of the state contribution below. Since you're paid twice a month, half of the amount will be taken from each paycheck.

Employee Annual Salary	Aetna HMO	Blue Advantage HMO	Health Alliance HMO	HMO Illinois	Aetna OAP	HealthLink OAP	Consumer Driven Health Plan	Quality Care Health Plan
\$0 to \$30,200	\$2056.30	\$1450.60	\$2054.76	\$1518.58	\$1880.62	\$2261.56	\$1313.20	\$2323.28
\$30,201 to \$45,600	\$2037.30	\$1431.60	\$2035.76	\$1499.58	\$1861.62	\$2242.56	\$1294.20	\$2304.28
\$45,601 to \$60,700	\$2018.30	\$1412.60	\$2016.76	\$1480.58	\$1842.62	\$2223.56	\$1275.20	\$2286.28
\$60,701 to \$75,900	\$2001.30	\$1395.60	\$1999.76	\$1463.58	\$1825.62	\$2206.56	\$1258.20	\$2268.28
\$75,901 to \$100,000	\$1982.30	\$1376.60	\$1980.76	\$1444.58	\$1806.62	\$2187.56	\$1239.20	\$2249.28
\$100,001 to \$125,000	\$1929.30	\$1323.60	\$1927.76	\$1391.58	\$1753.62	\$2134.56	\$1186.20	\$2196.28
\$125,001 & over	\$1897.30	\$1291.60	\$1895.76	\$1359.58	\$1721.62	\$2102.56	\$1154.20	\$2164.28

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State of Illinois Insurance Rate Information
Fiscal Year 2021

Dental Premiums and Additional Cost for Part-time Employees

You'll pay the following premium each month for dental coverage for yourself and any dependents. If you're part time, you'll also pay a proportionate share of the state contribution. Example: A 75% employee pays their premium and 25% of the state contribution. Since you're paid twice a month, half of the amount will be taken from each paycheck.

Coverage Category	Employee and Dependent Premium	State Contributions
Employee Only	\$12	\$35.86
Employee Plus One Dependent	\$19	\$67.22
Employee Plus Two or More Dependents	\$21.50	\$111.38

Vision Monthly Premiums

There is no additional cost for vision coverage. However, you must be enrolled in a health plan to receive the vision benefit.

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State of Illinois Insurance Rate Information
Fiscal Year 2021

Basic Life Insurance Monthly Premiums

The basic life insurance benefit is equal to 100% of your annual base salary. There is no cost for this benefit, whether you're full or part time.

Optional Life Insurance Monthly Premiums

You can elect up to eight times your annual base salary in optional life insurance. Since you're paid twice a month, half of the total owed will be taken from each paycheck.

Member Age	Monthly Rate Per \$1,000
Under 30	\$0.02
30 - 39	\$0.06
40 - 49	\$0.08
50 - 54	\$0.16
55 - 59	\$0.36
60 - 64	\$0.62
65 - 69	\$1.22
70 and older	\$2.02

Accidental Death and Dismemberment Monthly Premiums

This coverage is available in two amounts:

- Equal to annual base salary.
- Equal to the combined basic and optional life (maximum of five times the basic life amount).

Since you're paid twice a month, half of the total owed will be taken from each paycheck.

Monthly Rate Per \$1,000
\$0.02

Spouse Life Insurance Monthly Premium

Since you're paid twice a month, half of the premium will be taken from each paycheck.

Coverage Amount	Monthly Premium
\$10,000	\$6.00

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State of Illinois Insurance Rate Information
Fiscal Year 2021

Child Life Insurance Monthly Premium

The monthly premium applies to all dependent children regardless of the number of children enrolled. Since you're paid twice a month, half of the total owed will be taken from each paycheck.

Coverage Amount	Monthly Premium
\$10,000	\$0.70

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