



**Medical, Dental and Vision Insurance  
2010 Monthly Rate Information**  
(Effective 1/1/10 – 12/31/10)

<b>EPO PLANS</b>					
<b>Health Care Coverage</b>	<b>Employee (HRA)</b>	<b>Employee (Non-HRA)</b>	<b>Marquette University</b>	<b>Regular Part-Time (HRA)</b>	<b>Total Regular Part-Time (Non-HRA + MU)</b>
EPO Basic-Single	\$101	\$106	\$ 458	\$ 559	\$ 564
EPO Basic-Family	\$270	\$283	\$1,197	\$1,467	\$1,480
EPO Select-Single	\$144	\$151	\$ 458	\$ 602	\$ 609
EPO Select-Family	\$380	\$399	\$1,197	\$1,577	\$1,596

<b>PPO PLANS</b>					
<b>Health Care Coverage</b>	<b>Employee (HRA)</b>	<b>Employee (Non-HRA)</b>	<b>Marquette University</b>	<b>Regular Part-Time (HRA)</b>	<b>Total Regular Part-Time (Non-HRA + MU)</b>
PPO Basic-Single	\$ 93	\$97	\$ 458	\$ 551	\$ 555
PPO Basic-Family	\$244	\$256	\$1,197	\$1,441	\$1,453
PPO Select-Single	\$110	\$115	\$ 458	\$ 568	\$ 573
PPO Select-Family	\$291	\$305	\$1,197	\$1,488	\$1,502

<b>DELTA DENTAL</b>				
<b>Dental Coverage</b>	<b>Employee</b>	<b>Marquette University</b>	<b>Total</b>	<b>Regular Part-Time Employees</b>
Single	\$ 7.40	\$29.60	\$37.00	\$37.00
Family	\$19.60	\$78.40	\$98.00	\$98.00

<b>VSP VISION</b>				
<b>Vision Coverage</b>	<b>Employee</b>	<b>Marquette University</b>	<b>Total</b>	<b>Regular Part-Time Employees</b>
Single	\$ 1.40	\$ 5.60	\$7.00	\$7.00
Family	\$ 3.60	\$14.40	\$18.00	\$18.00

**NOTES:**

1. If you are in a less than 12 month paid status, your monthly contributions will be pro-rated from above (Jan. – May).
2. Health Risk Assessment (HRA) includes both a screening and online questionnaire.
3. COBRA rates will be based on the above Total columns plus a 2% administrative load.