

Illinois

2022 Medical Plan Rates

Narrow network plans are available in the Chicago area.

The following charts show your per-pay-period contributions for medical coverage based on your annual eligible compensation. Contributions are per pay period, deducted 26 times per year.

Regular and fixed term full-time employees	You	You + spouse¹	You + children	You + spouse¹ + children
Based on annual eligible compensation of less than \$45,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$50.82	\$130.56	\$94.74	\$163.20
Lower Use Plan with Health Savings Account (HSA) ²	\$25.56	\$77.40	\$49.02	\$89.88
Higher Use Plan with HSA ²	\$48.78	\$126.18	\$91.02	\$157.32
Narrow Network Copay Plan — UHC IL	\$32.94	\$93.18	\$62.70	\$111.66
Narrow Network Plan with HSA — UHC IL	\$37.56	\$102.78	\$70.80	\$124.92
Based on annual eligible compensation of \$45,000 – \$100,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$71.28	\$180.90	\$132.42	\$227.34
Lower Use Plan with Health Savings Account (HSA) ²	\$37.56	\$109.86	\$71.46	\$129.42
Higher Use Plan with HSA ²	\$68.52	\$175.02	\$127.56	\$219.48
Narrow Network Copay Plan — UHC IL	\$47.34	\$130.98	\$89.64	\$158.40
Narrow Network Plan with HSA — UHC IL	\$53.52	\$143.76	\$100.44	\$176.16
Based on annual eligible compensation of more than \$100,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$88.92	\$223.14	\$165.00	\$282.06
Lower Use Plan with Health Savings Account (HSA) ²	\$49.02	\$139.02	\$92.82	\$166.14
Higher Use Plan with HSA ²	\$85.74	\$216.12	\$159.24	\$272.64
Narrow Network Copay Plan — UHC IL	\$60.72	\$164.04	\$114.36	\$200.52
Narrow Network Plan with HSA — UHC IL	\$67.98	\$179.22	\$127.20	\$221.46

¹ Includes domestic partner. ² Includes Out of Area coverage.

Regular and fixed term part-time employees

	You	You + spouse ¹	You + children	You + spouse ¹ + children
Based on annual eligible compensation of less than \$45,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$66.66	\$161.52	\$122.94	\$207.60
Lower Use Plan with Health Savings Account (HSA) ²	\$37.32	\$108.30	\$77.34	\$134.34
Higher Use Plan with HSA ²	\$64.68	\$157.14	\$119.28	\$201.72
Narrow Network Copay Plan — UHC IL	\$48.78	\$124.14	\$90.90	\$156.00
Narrow Network Plan with HSA — UHC IL	\$53.40	\$133.74	\$99.00	\$169.32
Based on annual eligible compensation of \$45,000 – \$100,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$92.10	\$221.58	\$169.62	\$285.72
Lower Use Plan with Health Savings Account (HSA) ²	\$58.38	\$150.48	\$108.60	\$187.80
Higher Use Plan with HSA ²	\$89.40	\$215.64	\$164.70	\$277.80
Narrow Network Copay Plan — UHC IL	\$68.22	\$171.60	\$126.84	\$216.84
Narrow Network Plan with HSA — UHC IL	\$74.34	\$184.38	\$137.58	\$234.60
Based on annual eligible compensation of more than \$100,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$113.10	\$270.42	\$208.14	\$349.80
Lower Use Plan with Health Savings Account (HSA) ²	\$73.26	\$186.24	\$135.96	\$233.88
Higher Use Plan with HSA ²	\$109.98	\$263.40	\$202.20	\$340.44
Narrow Network Copay Plan — UHC IL	\$84.90	\$211.26	\$157.50	\$268.26
Narrow Network Plan with HSA — UHC IL	\$92.16	\$226.44	\$170.28	\$289.20

¹ Includes domestic partner. ² Includes Out of Area coverage.