

**FY17 HEALTH & DENTAL MONTHLY INSURANCE PREMIUM FOR NON-IRS DEPENDENTS**

To derive the total premium for a member with a dependent who is a Domestic Partner, Civil Union Partner, Civil Union Dependent and Veteran Adult Child, add the appropriate rates together.

Carrier Code	Health Carrier Name	Domestic Partner, Civil Union Partner, Civil Union Dependent Premium			
		1 Dep NonMed	1 Dep Med Prime	2 + Deps Med & NonMed	2+ Deps Med Prime
	Non-IRS Deduct Code	1	2	3	4
CI	BlueAdvantage HMO	\$96.00	\$75.00	\$132.00	\$110.00
AS	Coventry HMO	\$111.00	\$88.00	\$156.00	\$130.00
CH	Coventry OAP	\$111.00	\$88.00	\$156.00	\$130.00
AH	Health Alliance	\$113.00	\$89.00	\$159.00	\$133.00
CF	HealthLink OAP	\$126.00	\$102.00	\$179.00	\$149.00
BY	HMO Illinois	\$100.00	\$79.00	\$139.00	\$116.00
D3	Quality Care Health Plan	\$249.00	\$142.00	\$287.00	\$203.00

Veteran Adult Child Premium			
1 Dep NonMed	1 Dep Med Prime	2 + Deps Med/NonMed	2 + Deps Med Prime
5	6	7	8
\$613.92	\$461.48	\$1,110.18	\$1,110.18
\$691.64	\$505.78	\$1,243.40	\$1,243.40
\$691.64	\$510.18	\$1,263.54	\$1,263.54
\$707.48	\$516.18	\$1,270.54	\$1,270.54
\$781.12	\$574.72	\$1,417.82	\$1,417.82
\$633.00	\$460.48	\$1,142.84	\$1,142.84
\$1,079.30	\$455.14	\$1,522.44	\$1,522.44

Carrier Code	Dental Carrier Name	Domestic Partner, Civil Union Partner, Civil Union Dependent	
		1 Dep	2 + Deps
	Non-IRS Deduct Code	1	2
D6	Quality Care Dental Plan	\$6.00	\$8.50

Veteran Adult Child	
1 Dep	2 + Deps
3	4
\$32.44	\$69.22