

BRADLEY

UNIVERSITY

Active Employee Contributions Effective October 1, 2009

BI-WEEKLY (deductions taken twice each month)	EPO Plan Medical, Dental and Vision
Employee Only	\$85.39
Employee + 1 Dependent	\$154.46
Employee + Family Coverage	\$244.90

MONTHLY	EPO Plan Medical, Dental and Vision
Employee Only	\$170.79
Employee + 1 Dependent	\$308.92
Employee + Family Coverage	\$489.80

PLEASE NOTE: If your spouse/domestic partner has group health insurance available through his/her employer and does not elect it, there will be a \$125 per month (or \$62.50 bi-weekly) surcharge deducted on a pre-tax basis from your payroll check in addition to the above contribution amount.

If your spouse/domestic partner has insurance through his/her employer and secondary coverage through a Bradley University health plan, the surcharge will not apply.

HUMAN RESOURCE DEPARTMENT

1501 WEST BRADLEY AVENUE – PEORIA, IL 61625 – (309) 677-3223 – FAX (309) 677-3867