

THE UNIVERSITY CORPORATION

Monthly Premium Rates Effective January 1, 2010 - December 31, 2010

The University Corporation will contribute 85% of the gross monthly premium for medical coverage up to \$493.00 for employee only; \$936.00 for employee + 1 dependent; and \$1,202.00 for employee + 2 or more dependents.

MEDICAL INSURANCE (CalPERS administered plans-Los Angeles Area)

<u>Plan Name</u>	<u>Code</u>	<u>Employee Category</u>	<u>Gross Monthly Premium</u>	<u>Employee Monthly Premium</u>	<u>Employee Semi-monthly Deduction</u>
Blue Shield-HMO "Net Value"	0621	Empl. Only	\$368.06	\$55.21	\$27.60
	0622	Empl. + 1 dep	\$736.12	\$110.42	\$55.21
	0623	Empl. + 2 or more dep.	\$959.96	\$143.99	\$72.00
Blue Shield-HMO	3021	Empl. Only	\$424.69	\$63.70	\$31.85
	3022	Empl. + 1 dep	\$849.38	\$127.41	\$63.70
	3023	Empl. + 2 or more dep.	\$1,104.19	\$165.63	\$82.81
Kaiser - HMO	3061	Empl. Only	\$413.17	\$61.98	\$30.99
	3062	Empl. + 1 dep	\$826.34	\$123.95	\$61.98
	3063	Empl. + 2 or more dep.	\$1,074.24	\$161.14	\$80.57
PERS Select-PPO	0801	Empl. Only	\$422.35	\$63.35	\$31.68
	0802	Empl. + 1 dep	\$844.70	\$126.71	\$63.35
	0803	Empl. + 2 or more dep.	\$1,098.11	\$164.72	\$82.36
PERS Choice-PPO	3211	Empl. Only	\$452.41	\$67.86	\$33.93
	3212	Empl. + 1 dep	\$904.82	\$135.72	\$67.86
	3213	Empl. + 2 or more dep.	\$1,176.27	\$176.44	\$88.22
PERS Care-PPO	3261	Empl. Only	\$772.05	\$353.00	\$176.50
	3262	Empl. + 1 dep	\$1,544.10	\$748.50	\$374.25
	3263	Empl. + 2 or more dep.	\$2,007.33	\$985.63	\$492.82

DENTAL INSURANCE (Delta Dental Plan of California)

<u>Plan Name</u>	<u>Group</u>	<u>Employee Category</u>	<u>Gross Monthly Premium</u>	<u>Employee Monthly Premium</u>	<u>Employee Semi-monthly Deduction</u>
DeltaCare/PMI-Plan 750 (DMO Dental Plan)	5A05	Empl. Only	\$20.41	\$3.06	\$1.53
		Empl. + 1 dependent	\$33.67	\$5.05	\$2.53
		Empl. + 2 or more dep.	\$49.79	\$7.47	\$3.73
Delta Preferred Option-Plan 1500 (DPO Dental Plan)	28050	Empl. Only	\$43.63	\$6.54	\$3.27
		Empl. + 1 dependent	\$88.04	\$13.21	\$6.60
		Empl. + 2 or more dep.	\$151.31	\$22.70	\$11.35

VISION INSURANCE (VSP)

<u>Plan Name</u>	<u>Client</u>	<u>Employee Category</u>	<u>Gross Monthly Premium</u>	<u>Employee Monthly Premium</u>	<u>Employee Semi-monthly Deduction</u>
VSP Standard B	12239472	Empl. Only	\$8.16	\$1.22	\$0.61
		Empl. + 1 dep	\$11.81	\$1.77	\$0.89
		Empl. + 2 or more dep.	\$21.19	\$3.18	\$1.59