

THE UNIVERSITY CORPORATION

Monthly Premium Rates Effective January 1, 2011- December 31, 2011

The University Corporation will contribute 85% of the gross monthly premium for medical coverage up to \$542.00 for employee only; \$1,030.00 for employee + 1 dependent; and \$1,326.00 for employee + 2 or more dependents.

MEDICAL INSURANCE (CalPERS administered plans-Los Angeles Area)

<u>Plan Name</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"	Empl. Only	\$427.58	\$64.14	\$32.07
	Empl. + 1 dep	\$855.16	\$128.27	\$64.14
	Empl. + 2 or more dep.	\$1,111.71	\$166.76	\$83.38
Blue Shield-HMO	Empl. Only	\$496.93	\$74.54	\$37.27
	Empl. + 1 dep	\$993.86	\$149.08	\$74.54
	Empl. + 2 or more dep.	\$1,292.02	\$193.80	\$96.90
Kaiser - HMO	Empl. Only	\$434.00	\$65.10	\$32.55
	Empl. + 1 dep	\$868.00	\$130.20	\$65.10
	Empl. + 2 or more dep.	\$1,128.40	\$169.26	\$84.63
PERS Select-PPO	Empl. Only	\$433.87	\$65.08	\$32.54
	Empl. + 1 dep	\$867.74	\$130.16	\$65.08
	Empl. + 2 or more dep.	\$1,128.06	\$169.21	\$84.60
PERS Choice-PPO	Empl. Only	\$496.15	\$74.42	\$37.21
	Empl. + 1 dep	\$992.30	\$148.85	\$74.42
	Empl. + 2 or more dep.	\$1,289.99	\$193.50	\$96.75
PERS Care-PPO	Empl. Only	\$787.24	\$326.54	\$163.27
	Empl. + 1 dep	\$1,574.48	\$698.98	\$349.49
	Empl. + 2 or more dep.	\$2,046.82	\$919.72	\$459.86

<u>Plan Name</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)	Empl. Only	\$21.14	\$3.17	\$1.59
	Empl. + 1 dependent	\$34.87	\$5.23	\$2.62
	Empl. + 2 or more dep.	\$51.56	\$7.73	\$3.87
Delta Preferred Option- Plan 1500 (DPO Dental Plan)	Empl. Only	\$44.92	\$6.74	\$3.37
	Empl. + 1 dependent	\$90.64	\$13.60	\$6.80
	Empl. + 2 or more dep.	\$155.77	\$23.37	\$11.68

VISION INSURANCE (VSP)				
<u>Plan Name</u>	<u>Employee Category</u>	<u>Gross Monthly Premium</u>	<u>Employee Monthly Premium</u>	<u>Employee Semi-monthly Deduction</u>
VSP Standard B	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