

THE UNIVERSITY CORPORATION

Monthly Premium Rates Effective January 1, 2012- December 31, 2012

The University Corporation will contribute 85% of the gross monthly premium for medical coverage up to \$566.00 for employee only; \$1,074.00 for employee + 1 dependent; and \$1,382.00 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"	1451	Empl. Only	\$439.25	\$65.88	\$32.94
	1452	Empl. + 1 dep	\$878.50	\$131.78	\$65.89
	1453	Empl. + 2 or more dep.	\$1,142.05	\$171.30	\$85.65
Blue Shield-HMO	1441	Empl. Only	\$510.72	\$76.60	\$38.30
	1442	Empl. + 1 dep	\$1,021.44	\$153.22	\$76.61
	1443	Empl. + 2 or more dep.	\$1,327.87	\$199.18	\$99.59
Kaiser - HMO	3061	Empl. Only	\$465.63	\$69.84	\$34.92
	3062	Empl. + 1 dep	\$931.26	\$139.68	\$69.84
	3063	Empl. + 2 or more dep.	\$1,210.64	\$181.60	\$90.80
PERS Select-PPO	0801	Empl. Only	\$429.22	\$64.38	\$32.19
	0802	Empl. + 1 dep	\$858.44	\$128.76	\$64.38
	0803	Empl. + 2 or more dep.	\$1,115.97	\$167.40	\$83.70
PERS Choice-PPO	3211	Empl. Only	\$505.63	\$75.84	\$37.92
	3212	Empl. + 1 dep	\$1,011.26	\$151.68	\$75.84
	3213	Empl. + 2 or more dep.	\$1,314.64	\$197.20	\$98.60
PERS Care-PPO	3261	Empl. Only	\$906.39	\$425.28	\$212.64
	3262	Empl. + 1 dep	\$1,812.78	\$899.88	\$449.94
	3263	Empl. + 2 or more dep.	\$2,356.61	\$1,181.90	\$590.95

<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	\$21.14	\$3.18	\$1.59
		Empl. + 1 dependent	\$34.87	\$5.24	\$2.62
		Empl. + 2 or more dep.	\$51.57	\$7.74	\$3.87
Delta Preferred Option- Plan 1500 (DPO Dental Plan)	28050	Empl. Only	\$44.92	\$6.74	\$3.37
		Empl. + 1 dependent	\$90.64	\$13.60	\$6.80
		Empl. + 2 or more dep.	\$155.77	\$23.38	\$11.69

<u>VISION INSURANCE (VSP)</u>		<u>Client</u>	<u>Employee Category</u>	<u>Gross Monthly Premium</u>	<u>Employee Monthly Premium</u>	<u>Employee Semi-monthly Deduction</u>
<u>Plan Name</u>		12239472				
VSP Standard B	Division 0032	Empl. Only	\$8.16	\$1.22	\$0.61	
		Empl. + 1 dep	\$11.81	\$1.78	\$0.89	
		Empl. + 2 or more dep.	\$21.19	\$3.18	\$1.59	