

# THE UNIVERSITY CORPORATION

## Monthly Premium Rates Effective January 1, 2013- December 31, 2013

The University Corporation will contribute 85% of the gross monthly premium for medical coverage up to \$622.00 for employee only; \$1,183.00 for employee + 1 dependent; and \$1,515.00 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               | \$453.35                     | \$68.00                         | \$34.00                                |
|  | 1452        | Empl. + 1 dep            | \$906.70                     | \$136.01                        | \$68.00                                |
|  | 1453        | Empl. + 2 or more dep.   | \$1,178.71                   | \$176.81                        | \$88.40                                |
| Blue Shield-HMO  | 1441        | Empl. Only               | \$530.75                     | \$79.61                         | \$39.80                                |
|  | 1442        | Empl. + 1 dep            | \$1,061.50                   | \$159.23                        | \$79.61                                |
|  | 1443        | Empl. + 2 or more dep.   | \$1,379.95                   | \$206.99                        | \$103.49                               |
| Kaiser - HMO   | 3061        | Empl. Only               | \$502.40                     | \$75.36                         | \$37.68                                |
|  | 3062        | Empl. + 1 dep            | \$1,004.80                   | \$150.72                        | \$75.36                                |
|  | 3063        | Empl. + 2 or more dep.   | \$1,306.24                   | \$195.94                        | \$97.97                                |
| PERS Select-PPO  | 0801        | Empl. Only               | \$429.08                     | \$64.36                         | \$32.18                                |
|  | 0802        | Empl. + 1 dep            | \$858.16                     | \$128.72                        | \$64.36                                |
|  | 0803        | Empl. + 2 or more dep.   | \$1,115.61                   | \$167.34                        | \$83.67                                |
| PERS Choice-PPO  | 3211        | Empl. Only               | \$587.46                     | \$88.12                         | \$44.06                                |
|  | 3212        | Empl. + 1 dep            | \$1,174.92                   | \$176.24                        | \$88.12                                |
|  | 3213        | Empl. + 2 or more dep.   | \$1,527.40                   | \$239.65                        | \$119.82                               |
| PERS Care-PPO  | 3261        | Empl. Only               | \$953.90                     | \$425.20                        | \$212.60                               |
|  | 3262        | Empl. + 1 dep            | \$1,907.80                   | \$902.25                        | \$451.12                               |
|  | 3263        | Empl. + 2 or more dep.   | \$2,480.14                   | \$1,192.39                      | \$596.19                               |
| <b>Plan Name                      Group                      Employee Category                      Gross Monthly Premium                      Employee Monthly Premium                      Employee Semi-monthly Deduction</b> |             |                          |                              |                                 |  |
| DeltaCare/PMI-Plan 750<br>(DMO Dental Plan)  | 5A05        | Empl. Only               | \$21.77                      | \$3.27                          | \$1.63                                 |
|  |             | Empl. + 1 dependent      | \$35.92                      | \$5.39                          | \$2.69                                 |
|  |             | Empl. + 2 or more dep.   | \$53.12                      | \$7.97                          | \$3.98                                 |
| Delta Preferred Option-<br>Plan 1500 (DPO Dental Plan)   | 28050       | Empl. Only               | \$46.27                      | \$6.94                          | \$3.47                                 |
|  |             | Empl. + 1 dependent      | \$93.36                      | \$14.00                         | \$7.00                                 |
|  |             | Empl. + 2 or more dep.   | \$160.44                     | \$24.07                         | \$12.03                                |

| <b>VISION INSURANCE (VSP)</b> |                  | <u>Client</u>          |                          |                              |                                 |  |
|-------------------------------|------------------|------------------------|--------------------------|------------------------------|---------------------------------|--|
| <u>Plan Name</u>              |                  |                        | <u>Employee Category</u> | <u>Gross Monthly Premium</u> | <u>Employee Monthly Premium</u> | <u>Employee Semi-monthly Deduction</u> |
|                               | 12239472         |                        |                          |                              |                                 |  |
| VSP Standard B                | Division<br>0086 | 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                                 |