

INSURANCE PLAN PREMIUM RATES – 2011

	Salary Rate \$47K and under			Salary Rate \$47,001 to 93K		
Plan Name & Coverage Level	Employee Monthly Cost	University Contribution	Total Premium	Employee Monthly Cost	University Contribution	Total Premium
CORE :						
Single	\$0.00	\$70.70	\$70.70	\$0.00	\$70.70	\$70.70
Adult & Child(ren)	\$0.00	\$127.26	\$127.26	\$0.00	\$127.26	\$127.26
Two Adults	\$0.00	\$148.47	\$148.47	\$0.00	\$148.47	\$148.47
Family	\$0.00	\$205.03	\$205.03	\$0.00	\$205.03	\$205.03
HEALTH NET:						
Single	\$74.40	\$496.50	\$570.90	\$107.55	\$463.35	\$570.90
Adult & Child(ren)	\$133.92	\$893.70	\$1027.62	\$193.59	\$834.03	\$1027.62
Two Adults	\$199.11	\$999.78	\$1198.89	\$274.79	\$924.10	\$1198.89
Family	\$258.63	\$1396.98	\$1655.61	\$360.83	\$1294.78	\$1655.61
HEALTH NET BLUE & GOLD						
Single	\$21.21	\$496.50	\$517.71	\$54.36	\$463.35	\$517.71
Adult & Children	\$38.18	\$893.70	\$931.88	\$97.85	\$834.03	\$931.88
Two Adults	\$87.41	\$999.78	\$1087.19	\$163.09	\$924.10	\$1087.19
Family	\$104.38	\$1396.98	\$1501.36	\$206.58	\$1294.78	\$1501.36
KAISER:						
Single	\$7.45	\$457.99	\$465.44	\$40.60	\$424.84	\$465.44
Adult & Child(ren)	\$13.41	\$824.38	\$837.79	\$73.08	\$764.71	\$837.79
Two Adults	\$15.65	\$961.78	\$977.43	\$91.33	\$886.10	\$977.43
Family	\$21.61	\$1328.17	\$1349.78	\$123.81	\$1225.97	\$1349.78
ANTHEM BLUE CROSS LUMENOS						
Single	\$7.45	\$476.74	\$484.19	\$40.60	\$443.59	\$484.19
Adult & Child(ren)	\$13.41	\$858.14	\$871.55	\$73.08	\$798.47	\$871.55
Two Adults	\$17.02	\$999.78	\$1016.80	\$92.70	\$924.10	\$1016.80
Family	\$21.61	\$1382.54	\$1404.15	\$123.81	\$1280.34	\$1404.15
ANTHEM BLUE CROSS PLUS (POS)						
Single	\$77.49	\$496.50	\$573.99	\$110.64	\$463.35	\$573.99
Adult & Child(ren)	\$139.48	\$893.70	\$1033.18	\$199.15	\$834.03	\$1033.18
Two Adults	\$205.60	\$999.78	\$1205.38	\$281.28	\$924.10	\$1205.38
Family	\$267.59	\$1396.98	\$1664.57	\$369.79	\$1294.78	\$1664.57
ANTHEM BLUE CROSS PPO						
Single	\$93.32	\$496.50	\$589.82	\$126.47	\$463.35	\$589.82
Adult & Child(ren)	\$167.98	\$893.70	\$1061.68	\$227.65	\$834.03	\$1061.68
Two Adults	\$238.85	\$999.78	\$1238.63	\$314.53	\$924.10	\$1238.63
Family	\$313.49	\$1396.98	\$1710.47	\$415.69	\$1294.78	\$1710.47
DELTA DENTAL PPO						
Single	\$0.00	\$43.96	\$43.96	\$0.00	\$43.96	\$43.96
Adult & Child(ren)	\$0.00	\$90.65	\$90.65	\$0.00	\$90.65	\$90.65
Two Adults	\$0.00	\$82.59	\$82.69	\$0.00	\$82.59	\$82.59
Family	\$0.00	\$148.19	\$148.19	\$0.00	\$148.19	\$148.19
DELTACARE USA						
Single	\$0.00	\$22.38	\$22.38	\$0.00	\$22.38	\$22.38
Adult & Child(ren)	\$0.00	\$39.03	\$39.03	\$0.00	\$39.03	\$39.03
Two Adults	\$0.00	\$38.41	\$38.41	\$0.00	\$38.41	\$38.41
Family	\$0.00	\$55.07	\$55.07	\$0.00	\$55.07	\$55.07
VISION SERVICE: All coverage levels	\$0.00	\$13.58	\$13.58	\$0.00	\$13.58	\$13.58
LEGAL:						
Single	\$10.02	N/A	\$10.02	\$10.02	N/A	\$10.02
Adult & Child(ren)	\$13.78		\$13.78	\$13.78		\$13.78
Two Adults	\$13.78		\$13.78	\$13.78		\$13.78
Family	\$15.03		\$15.03	\$15.03		\$15.03

INSURANCE PLAN PREMIUM RATES – 2011

	Salary Rate \$93,001 to \$140K			Salary Rate over \$140,001K		
Plan Name & Coverage Level	Employee Monthly Cost	University Contribution	Total Premium	Employee Monthly Cost	University Contribution	Total Premium
CORE :						
Single	\$0.00	\$70.70	\$70.70	\$0.00	\$70.70	\$70.70
Adult & Child(ren)	\$0.00	\$127.26	\$127.26	\$0.00	\$127.26	\$127.26
Two Adults	\$0.00	\$148.47	\$148.47	\$0.00	\$148.47	\$148.47
Family	\$0.00	\$205.03	\$205.03	\$0.00	\$205.03	\$205.03
HEALTH NET:						
Single	\$141.57	\$429.33	\$570.90	\$176.79	\$394.11	\$570.90
Adult & Child(ren)	\$254.83	\$772.79	\$1027.62	\$318.23	\$709.39	\$1027.62
Two Adults	\$342.61	\$856.28	\$1198.89	\$412.87	\$786.02	\$1198.89
Family	\$455.87	\$1199.74	\$1655.61	\$554.30	\$1101.31	\$1655.61
HEALTH NET BLUE & GOLD						
Single	\$88.38	\$429.33	\$517.71	\$123.60	\$394.11	\$517.71
Adult & Child(ren)	\$159.09	\$772.29	\$931.88	\$222.49	\$709.39	\$931.88
Two Adults	\$230.91	\$856.28	\$1087.19	\$301.17	\$786.02	\$1087.19
Family	\$301.62	\$1199.74	\$1501.36	\$400.05	\$1101.31	\$1501.36
KAISER:						
Single	\$74.62	\$390.82	\$465.44	\$109.84	\$355.60	\$465.44
Adult & Child(ren)	\$134.32	\$703.47	\$837.79	\$197.72	\$640.07	\$837.79
Two Adults	\$159.15	\$818.28	\$977.43	\$229.41	\$748.02	\$977.43
Family	\$218.85	\$1130.93	\$1349.78	\$317.28	\$1032.50	\$1349.78
ANTHEM BLUE CROSS LUMENOS						
Single	\$74.62	\$409.57	\$484.19	\$109.84	\$374.35	\$484.19
Adult & Child(ren)	\$134.32	\$737.23	\$871.55	\$197.72	\$673.83	\$871.55
Two Adults	\$160.52	\$856.28	\$1016.80	\$230.78	\$786.02	\$1016.80
Family	\$218.85	\$1185.30	\$1404.15	\$317.28	\$1101.31	\$1404.15
ANTHEM BLUE CROSS PLUS (POS)						
Single	\$144.66	\$429.33	\$573.99	\$179.88	\$394.11	\$573.99
Adult & Child(ren)	\$260.39	\$772.79	\$1033.18	\$323.79	\$709.39	\$1033.18
Two Adults	\$349.10	\$856.28	\$1205.38	\$419.36	\$786.02	\$1205.38
Family	\$464.83	\$1199.74	\$1664.57	\$563.26	\$1101.31	\$1665.57
ANTHEM BLUE CROSS PPO						
Single	\$160.49	\$429.33	\$589.82	\$195.71	\$394.11	\$589.82
Adult & Child(ren)	\$288.89	\$772.79	\$1061.68	\$352.29	\$709.39	\$1061.68
Two Adults	\$382.35	\$856.28	\$1238.63	\$452.61	\$786.02	\$1238.63
Family	\$510.73	\$1199.74	\$1710.47	\$609.16	\$1101.31	\$1710.47
DELTA DENTAL PPO						
Single	\$0.00	\$43.96	\$43.96	\$0.00	\$43.96	\$43.96
Adult & Child(ren)	\$0.00	\$90.65	\$90.65	\$0.00	\$90.65	\$90.65
Two Adults	\$0.00	\$82.59	\$82.59	\$0.00	\$82.59	\$82.59
Family	\$0.00	\$148.19	\$148.19	\$0.00	\$148.19	\$148.19
DELTACARE USA						
Single	\$0.00	\$22.38	\$22.38	\$0.00	\$22.38	\$22.38
Adult & Child(ren)	\$0.00	\$39.03	\$39.03	\$0.00	\$39.03	\$39.03
Two Adults	\$0.00	\$38.41	\$38.41	\$0.00	\$38.41	\$38.41
Family	\$0.00	\$55.07	\$55.07	\$0.00	\$55.07	\$55.07
VISION SERVICE:						
All coverage levels	\$0.00	\$13.58	\$13.58	\$0.00	\$13.58	\$13.58
LEGAL						
Single	\$10.02	N/A	\$10.02	\$10.02	N/A	\$10.02
Two Adults	\$13.78		\$13.78	\$13.78		\$13.78
Family	\$15.03		\$15.03	\$15.03		\$15.03

INSURANCE PLAN PREMIUM RATES – 2011