

Monthly Insurance Premiums – 2010

	Salary Rate \$46K and under			Salary Rate \$46,001 to 92K		
Plan Name & Coverage Level	Employee Monthly Cost	University Contribution	Total Premium	Employee Monthly Cost	University Contribution	Total Premium
CORE :						
Single	\$0.00	\$63.76	\$63.76	\$0.00	\$63.76	\$63.76
Adult & Child(ren)	\$0.00	\$114.77	\$114.77	\$0.00	\$114.77	\$114.77
Two Adults	\$0.00	\$133.90	\$133.90	\$0.00	\$133.90	\$133.90
Family	\$0.00	\$184.90	\$184.90	\$0.00	\$184.90	\$184.90
HEALTH NET:						
Single	\$19.97	\$467.46	\$487.43	\$51.18	\$436.25	\$487.43
Adult & Child(ren)	\$35.95	\$841.43	\$877.38	\$92.13	\$785.25	\$877.38
Two Adults	\$82.30	\$941.30	\$1023.60	\$153.55	\$870.05	\$1023.60
Family	\$98.28	\$1315.27	\$1413.55	\$194.50	\$1219.05	\$1413.55
KAISER:						
Single	\$6.84	\$420.36	\$427.20	\$38.05	\$389.15	\$427.20
Adult & Child(ren)	\$12.31	\$756.65	\$768.96	\$68.49	\$700.47	\$768.96
Two Adults	\$14.36	\$882.76	\$897.12	\$85.61	\$811.51	\$897.12
Family	\$19.84	\$1219.04	\$1238.88	\$116.06	\$1122.82	\$1238.88
CIGNA CHOICE						
Single	\$86.61	\$467.46	\$554.07	\$117.82	\$436.25	\$554.07
Adult & Child(ren)	\$155.89	\$841.43	\$997.32	\$212.07	\$785.25	\$997.32
Two Adults	\$222.25	\$941.30	\$1163.55	\$293.50	\$870.05	\$1163.55
Family	\$291.53	\$1315.27	\$1606.80	\$387.75	\$1219.05	\$1606.80
ANTHEM BLUE CROSS PLUS (POS)						
Single	\$29.47	\$467.46	\$496.93	\$60.68	\$436.25	\$496.93
Adult & Child(ren)	\$53.05	\$841.43	\$894.48	\$109.23	\$785.25	\$894.48
Two Adults	\$102.26	\$941.30	\$1043.56	\$173.51	\$870.05	\$1043.56
Family	\$125.82	\$1315.27	\$1441.09	\$222.04	\$1219.05	\$1441.09
ANTHEM BLUE CROSS PPO						
Single	\$88.61	\$467.46	\$556.07	\$119.82	\$436.25	\$556.07
Adult & Child(ren)	\$159.50	\$841.43	\$1000.93	\$215.68	\$785.25	\$1000.93
Two Adults	\$226.45	\$941.30	\$1167.75	\$297.70	\$870.05	\$1167.75
Family	\$297.33	\$1315.27	\$1612.60	\$393.55	\$1219.05	\$1612.60
DELTA DENTAL PPO						
Single	\$0.00	\$42.40	\$42.40	\$0.00	\$42.40	\$42.40
Adult & Child(ren)	\$0.00	\$86.55	\$86.55	\$0.00	\$86.55	\$86.55
Two Adults	\$0.00	\$79.63	\$79.63	\$0.00	\$79.63	\$79.63
Family	\$0.00	\$141.68	\$141.68	\$0.00	\$141.68	\$141.68
DELTACARE USA						
Single	\$0.00	\$22.38	\$22.38	\$0.00	\$22.38	\$22.38
Adult & Child(ren)	\$0.00	\$38.58	\$38.58	\$0.00	\$38.58	\$38.58
Two Adults	\$0.00	\$38.41	\$38.41	\$0.00	\$38.41	\$38.41
Family	\$0.00	\$54.62	\$54.62	\$0.00	\$54.62	\$54.62
VISION SERVICE: All coverage levels	\$0.00	\$13.45	\$13.45	\$0.00	\$13.45	\$13.45
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

Monthly Insurance Premiums – 2010

	Salary Rate \$92,001 to \$137K			Salary Rate over \$137,001K		
Plan Name & Coverage Level	Employee Monthly Cost	University Contribution	Total Premium	Employee Monthly Cost	University Contribution	Total Premium
CORE :						
Single	\$0.00	\$63.76	\$63.76	\$0.00	\$63.76	\$63.76
Adult & Child(ren)	\$0.00	\$114.77	\$114.77	\$0.00	\$114.77	\$114.77
Two Adults	\$0.00	\$133.90	\$133.90	\$0.00	\$133.90	\$133.90
Family	\$0.00	\$184.90	\$184.90	\$0.00	\$184.90	\$184.90
HEALTH NET:						
Single	\$83.21	\$404.22	\$487.43	\$116.37	\$371.06	\$487.43
Adult & Child(ren)	\$149.78	\$727.60	\$877.38	\$209.47	\$667.91	\$877.38
Two Adults	\$217.41	\$806.19	\$1023.60	\$283.56	\$740.04	\$1023.60
Family	\$283.98	\$1129.57	\$1413.55	\$376.66	\$1036.89	\$1413.55
KAISER:						
Single	\$70.08	\$357.12	\$427.20	\$103.24	\$323.96	\$427.20
Adult & Child(ren)	\$126.14	\$642.82	\$768.96	\$185.83	\$583.13	\$768.96
Two Adults	\$149.47	\$747.65	\$897.12	\$215.62	\$681.50	\$897.12
Family	\$205.54	\$1033.34	\$1238.88	\$298.22	\$940.66	\$1238.88
CIGNA CHOICE						
Single	\$149.85	\$404.22	\$554.07	\$183.01	\$371.06	\$554.07
Adult & Child(ren)	\$269.72	\$727.60	\$997.32	\$329.41	\$667.91	\$997.32
Two Adults	\$357.36	\$806.19	\$1163.55	\$423.51	\$740.04	\$1163.55
Family	\$477.23	\$1129.57	\$1606.80	\$569.91	\$1036.89	\$1606.80
ANTHEM BLUE CROSS PLUS (POS)						
Single	\$92.71	\$404.22	\$496.93	\$125.87	\$371.06	\$496.93
Adult & Child(ren)	\$166.88	\$727.60	\$894.48	\$226.57	\$667.91	\$894.48
Two Adults	\$237.37	\$806.19	\$1043.56	\$303.52	\$740.04	\$1043.56
Family	\$311.52	\$1129.57	\$1441.09	\$404.20	\$1036.89	\$1441.09
ANTHEM BLUE CROSS PPO						
Single	\$151.85	\$404.22	\$556.07	\$185.01	\$371.06	\$556.07
Adult & Child(ren)	\$273.33	\$727.60	\$1000.93	\$333.02	\$667.91	\$1000.93
Two Adults	\$361.56	\$806.19	\$1167.75	\$427.71	\$740.04	\$1167.75
Family	\$483.03	\$1129.57	\$1612.60	\$575.71	\$1036.89	\$1612.60
DELTA DENTAL PPO						
Single	\$0.00	\$42.40	\$42.40	\$0.00	\$42.40	\$42.40
Adult & Child(ren)	\$0.00	\$86.55	\$86.55	\$0.00	\$86.55	\$86.55
Two Adults	\$0.00	\$79.63	\$79.63	\$0.00	\$79.63	\$79.63
Family	\$0.00	\$141.68	\$141.68	\$0.00	\$141.68	\$141.68
DELTACARE USA						
Single	\$0.00	\$22.38	\$22.38	\$0.00	\$22.38	\$22.38
Adult & Child(ren)	\$0.00	\$38.58	\$38.58	\$0.00	\$38.58	\$38.58
Two Adults	\$0.00	\$38.41	\$38.41	\$0.00	\$54.62	\$38.41
Family	\$0.00	\$54.62	\$54.62	\$0.00		\$54.62
VISION SERVICE:						
All coverage levels	\$0.00	\$13.45	\$13.45	\$0.00	\$13.45	\$13.45
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