

## 2009-2010 EMPLOYEE CONTRIBUTIONS BY PLAN SELECTION

### EFFECTIVE 10/01/2009

FACULTY 10- MONTH EMPLOYEES

*Medical Rates include \$3.00 EAP expense*

	PPO - Blue Cross Coverage					Kaiser		PacifiCare
Medical Plans	4	5	6	8	HDHP 2	1	7	4
Deductible Individual	\$100	\$100	\$250	\$500	\$2,000	\$0	\$0	\$0
Deductible Family	\$300	\$300	\$750	\$1,500	\$6,000	\$0	\$0	\$0
Coinsurance	90%	90%	80%	80%	80%	100%	100%	100%
OPM	300	300	1000	2000	5250	1500	1500	?
Office Visit	\$10	\$20	\$10	Major Med	Major Med	\$0	\$25	\$10
Prescription Plans	A	B	B	C				W
	Retail \$5 / \$22	Retail \$7 / \$15 / \$30	Retail \$7 / \$15 / \$30	Retail \$7 / \$25 / \$40	Subject to Major Medical	Retail \$5 / \$5	Retail \$10 / \$30	Retail \$10 / \$20 / \$25
	Mail Order \$10 / \$44	Mail Order \$15 / \$35 / \$70	Mail Order \$15 / \$35 / \$70	Mail Order \$15 / \$60 / \$80				
Single	\$715.20	\$705.60	\$657.60	\$579.60	\$463.20	\$733.20	\$624.00	\$882.00
Two-Party	\$1,226.40	\$1,208.40	\$1,129.20	\$993.60	\$788.40	\$1,257.60	\$1,069.20	\$1,760.40
Family	\$1,550.40	\$1,526.40	\$1,425.60	\$1,255.20	\$998.40	\$1,586.40	\$1,348.80	\$2,490.00
Dental	<b>INCENTIVE</b> , Prosthodontics 70/80/90/100%, \$1500 Annual Maximum, Implant \$1500 Annually							
Single	\$72.52	\$72.52	\$72.52	\$72.52	\$72.52	\$72.52	\$72.52	\$72.52
Two-Party	\$131.26	\$131.26	\$131.26	\$131.26	\$131.26	\$131.26	\$131.26	\$131.26
Family	\$188.70	\$188.70	\$188.70	\$188.70	\$188.70	\$188.70	\$188.70	\$188.70
Vision								
Single	\$10.74	\$10.74	\$10.74	\$10.74	\$10.74	\$10.74	\$10.74	\$10.74
Two-Party	\$20.05	\$20.05	\$20.05	\$20.05	\$20.05	\$20.05	\$20.05	\$20.05
Family	\$29.78	\$29.78	\$29.78	\$29.78	\$29.78	\$29.78	\$29.78	\$29.78
<b>Total Plan Costs Medical, Dental Incentive, Vision</b>								
Single	\$798.46	\$788.86	\$740.86	\$662.86	\$546.46	\$816.46	\$707.26	\$965.26
Two-Party	\$1,377.71	\$1,359.71	\$1,280.51	\$1,144.91	\$939.71	\$1,408.91	\$1,220.51	\$1,911.71
Family	\$1,768.88	\$1,744.88	\$1,644.08	\$1,473.68	\$1,216.88	\$1,804.88	\$1,567.28	\$2,708.48
<b>2009-2010 Defined Contribution \$1,303.42 Employee Costs with Incentive Dental Plan</b>								
Single	<b>(\$504.96)</b>	<b>(\$514.56)</b>	<b>(\$562.56)</b>	<b>(\$640.56)</b>	<b>(\$756.96)</b>	<b>(\$486.96)</b>	<b>(\$596.16)</b>	<b>(\$338.16)</b>
Two-Party	<b>\$74.29</b>	<b>\$56.29</b>	<b>(\$22.91)</b>	<b>(\$158.51)</b>	<b>(\$363.71)</b>	<b>\$105.49</b>	<b>(\$82.91)</b>	<b>\$608.29</b>
Family	<b>\$465.46</b>	<b>\$441.46</b>	<b>\$340.66</b>	<b>\$170.26</b>	<b>(\$86.54)</b>	<b>\$501.46</b>	<b>\$263.86</b>	<b>\$1,405.06</b>
Dental	<b>NON-INCENTIVE</b> , PPO 70/30, Orothodontics 100% \$4000, Implant \$1500 Annually							
Single	\$56.11	\$56.11	\$56.11	\$56.11	\$56.11	\$56.11	\$56.11	\$56.11
Two-Party	\$107.68	\$107.68	\$107.68	\$107.68	\$107.68	\$107.68	\$107.68	\$107.68
Family	\$184.96	\$184.96	\$184.96	\$184.96	\$184.96	\$184.96	\$184.96	\$184.96
<b>Total Plan Costs Medical, Dental Non-Incentive, Vision</b>								
Single	\$782.05	\$772.45	\$724.45	\$646.45	\$530.05	\$800.05	\$690.85	\$948.85
Two-Party	\$1,354.13	\$1,336.13	\$1,256.93	\$1,121.33	\$916.13	\$1,385.33	\$1,196.93	\$1,888.13
Family	\$1,765.14	\$1,741.14	\$1,640.34	\$1,469.94	\$1,213.14	\$1,801.14	\$1,563.54	\$2,704.74
<b>2009-2010 Defined Contribution \$1,303.42 Employee Costs with Non-Incentive Dental Plan</b>								
Single	<b>(\$521.37)</b>	<b>(\$530.97)</b>	<b>(\$578.97)</b>	<b>(\$656.97)</b>	<b>(\$773.37)</b>	<b>(\$503.37)</b>	<b>(\$612.57)</b>	<b>(\$354.57)</b>
Two-Party	<b>\$50.71</b>	<b>\$32.71</b>	<b>(\$46.49)</b>	<b>(\$182.09)</b>	<b>(\$387.29)</b>	<b>\$81.91</b>	<b>(\$106.49)</b>	<b>\$584.71</b>
Family	<b>\$461.72</b>	<b>\$437.72</b>	<b>\$336.92</b>	<b>\$166.52</b>	<b>(\$90.28)</b>	<b>\$497.72</b>	<b>\$260.12</b>	<b>\$1,401.32</b>