

2005 UC Postdoc Health Plan Rates

(This plan is only applicable for Title Code 3252 health coverage)

	EMPLOYER CONTRIBUTION (monthly)				EMPLOYEE CONTRIBUTION (monthly)			
	Single	Adult+Children	Two Adults	Family	Single	Adult+Children	Two Adults	Family
MEDICAL								
Health Net PPO	289.61	499.32	707.06	884.82	30	60	60	90
Health Net HMO	229.02	400.80	549.66	698.52	0	0	0	0
DENTAL								
Principal PPO	25.79	59.33	53.22	95.16	0	0	0	0
Health Net DHMO	11.19	21.26	20.14	31.33	0	0	0	0
Vision	7.52	12.22	11.98	19.72	0	0	0	0
Life and AD&D Insurance	4.20	4.20	4.20	4.20	0	0	0	0
Broker Fee	11.10	11.10	11.10	11.10				
Short-Term Disability	Below	Below	Below	Below	0	0	0	0
Long-Term Disability	0	0	0	0	Next page	Next page	Next page	Next page

SHORT TERM DISABILITY INSURANCE –For someone making \$30,000 annually ($\$30,000/52 = \$576.92 \times 60\% = \$346.15 \times .28$ (the rate) = $\$96.92/10$ (covered payroll) = $\$9.69$ per month, or $\$116.31$ per year.

LONG TERM DISABILITY INSURANCE—PAID BY POSDOC; 20% MUST PARTICIPATE FOR THIS PROGRAM TO WORK (SEE NEXT PAGE)

VISION INSURANCE IS GUARANTEED FOR 24 MONTHS
 DENTAL PPO RATES ARE GUARANTEED FOR 12 MONTHS
 DENTAL DHMO RATES ARE GUARANTEED FOR 24 MONTHS
 MEDICAL RATES ARE GUARANTEED FOR 12 MONTHS
 LONG TERM DISABILITY RATES ARE GUARANTEED FOR 24 MONTHS

2005 UC Postdoc Health Plan Rates

TOTAL COSTS FOR HEALTH NET HMO, DENTAL PRINCIPAL PPO, VISION, LIFE AND AD&D

EMPLOYER CONTRIBUTION (monthly)					EMPLOYEE CONTRIBUTION (monthly)				
	Single	Adult+Children	Two Adults	Family		Single	Adult+Children	Two Adults	Family
Health Net HMO -Medical	229.02	400.80	549.66	698.52		0	0	0	0
Dental Principal PPO	25.79	59.33	53.22	95.16		0	0	0	0
Vision	7.52	12.22	11.98	19.72		0	0	0	0
Life and AD&D Insurance	4.20	4.20	4.20	4.20		0	0	0	0
Broker Fee	11.10	11.10	11.10	11.10					
SUBTOTAL	277.63	487.65	630.16	828.7		0	0	0	0
Short-Term Disability	Below	Below	Below	Below		0	0	0	0
Long-Term Disability	0	0	0	0		Next page	Next page	Next page	Next page

TOTAL COSTS FOR HEALTH NET HMO AND DHMO (dental), VISION, LIFE AND AD&D

EMPLOYER CONTRIBUTION (monthly)					EMPLOYEE CONTRIBUTION (monthly)				
	Single	Adult+Children	Two Adults	Family		Single	Adult+Children	Two Adults	Family
Health Net HMO-Medical	229.02	400.80	549.66	698.52		0	0	0	0
Health Net DHMO-Dental	11.19	21.26	20.14	31.33		0	0	0	0
Vision	7.52	12.22	11.98	19.72		0	0	0	0
Life and AD&D Insurance	4.20	4.20	4.20	4.20		0	0	0	0
Broker Fee	11.10	11.10	11.10	11.10					
SUBTOTAL	263.03	449.58	597.08	764.87		0	0	0	0
Short-Term Disability	Below	Below	Below	Below		0	0	0	0
Long-Term Disability	0	0	0	0		Next page	Next page	Next page	Next page

SHORT TERM DISABILTIY INSURANCE –For someone making \$30,000 annually ($\$30,000/52 = \$576.92 * 60\% = \$346.15 * .28$ (the rate) = $\$96.92/10$ (covered payroll) = $\$9.69$ per month, or $\$116.31$ per year

2005 UC Postdoc Health Plan Rates

TOTAL COSTS FOR HEALTH NET PPO, DENTAL PRINCIPAL PPO, VISION, LIFE AND AD&D

EMPLOYER CONTRIBUTION (monthly)					EMPLOYEE CONTRIBUTION (monthly)				
	Single	Adult+Children	Two Adults	Family		Single	Adult+Children	Two Adults	Family
Health Net PPO-Medical	289.61	499.32	707.06	884.82		30	60	60	90
Principal PPO-Dental	25.79	59.33	53.22	95.16		0	0	0	0
Vision	7.52	12.22	11.98	19.72		0	0	0	0
Life and AD&D Insurance	4.20	4.20	4.20	4.20		0	0	0	0
Broker Fee	11.10	11.10	11.10	11.10					
SUBTOTAL	338.22	586.17	787.56	1,015.00		30	60	60	90
Short-Term Disability	Below	Below	Below	Below		0	0	0	0
Long-Term Disability	0	0	0	0		Next page	Next page	Next page	Next page

TOTAL COSTS FOR HEALTH NET PPO, HEALTH NET DHMO (DENTAL), VISION, LIFE AND AD&D

EMPLOYER CONTRIBUTION (monthly)					EMPLOYEE CONTRIBUTION (monthly)				
	Single	Adult+Children	Two Adults	Family		Single	Adult+Children	Two Adults	Family
Health Net PPO-Medical	289.61	499.32	707.06	884.82		30	60	60	90
Health Net DHMO	11.19	21.26	20.14	31.33		0	0	0	0
Vision	7.52	12.22	11.98	19.72		0	0	0	0
Life and AD&D Insurance	4.20	4.20	4.20	4.20		0	0	0	0
Broker Fee	11.10	11.10	11.10	11.10					
SUBTOTAL	323.62	548.1	754.48	951.17		30	60	60	90
Short-Term Disability	Below	Below	Below	Below		0	0	0	0
Long-Term Disability	0	0	0	0		Next page	Next page	Next page	Next page

SHORT TERM DISABILITY INSURANCE –For someone making \$30,000 annually ($\$30,000/52 = \$576.92 * 60\% = \$346.15 * .28$ (the rate) = $\$96.92/10$ (covered payroll) = $\$9.69$ per month, or $\$116.31$ per year)

Long Term Disability Insurance

Monthly rate is based on per \$100 of covered monthly payroll

60% Benefit	Ages	Rate: Percent of Earnings NO SID	Monthly premium ABD
	< 30	0.11	TBD
	30-34	0.17	“
	35-39	0.21	“
	40-44	0.29	“
	45-49	0.44	“
	50-54	0.65	“
	55-59	0.87	“
	60-64	0.93	“
	65-69	0.99	“
	70-74	1.24	“
	75+	1.77	“