

**Employee Monthly Insurance Rate Schedule
May 1, 2009 – April 30, 2010**

Health Insurance - UniCare

Annual Base Salary Less Than \$41,500 as of May 1, 2009			
Type of Coverage	Performance HMO	Standard HMO	HRA PPO
Single	\$52.00	\$85.00	\$286.00
EE + Child(ren)	\$180.00	\$255.00	\$578.00
EE + Spouse/Dom Partner	\$207.00	\$292.00	\$730.00
Family	\$267.00	\$367.00	\$961.00

Annual Base Salary Equal to or Greater than \$41,500 as of May 1, 2009			
Type of Coverage	Performance HMO	Standard HMO	HRA PPO
Single	\$64.00	\$99.00	\$300.00
EE+ Child(ren)	\$212.00	\$287.00	\$610.00
EE + Spouse/Dom Partner	\$239.00	\$324.00	\$762.00
Family-other	\$299.00	\$399.00	\$993.00

Performance HMO (smaller network), Standard HMO (larger network), Solaura PPO (includes HRA account)

Voluntary Dental Insurance - CompBenefits

Type of Coverage	Advantage Plan AVN-1	Elite Preferred PPO 500 Plan
Single	\$15.30	\$28.28
EE + Child(ren)	\$30.64	\$67.00
EE + Spouse/Dom. Partner	\$30.82	\$71.08
Family	\$49.88	\$97.40

Voluntary Vision Insurance - Spectera

Type of Coverage	12 / 12 / 24 Plan Frequency
Single	\$6.77
EE + Child(ren)	\$13.49
EE + Spouse/Dom. Partner	\$12.91
Family	\$20.76

Enrollment in any of the benefit plans is a plan year commitment. Changes or cancellations allowed for qualifying events only.

All employee health contributions and dental and vision premiums are pre-tax, monthly rates.

Health, dental and vision eligibles include full time administrators, faculty and clerical union employees.

Part time clerical union employees are eligible for single coverage.