

Health Plan Contribution Rates for Sponsored Dependent Coverage

Effective January 1 – December 31, 2010

This chart contains the **pre-tax** contribution rates for **each** eligible sponsored dependent you cover under your health plan(s). The premiums are based on Medicare **eligibility**. If the sponsored dependent is Medicare-eligible, he or she **must** enroll for such coverage and the university's health plan will be secondary payor to Medicare. These rates are in addition to the rate deducted from your pay for coverage for yourself and any other covered dependents.

- The university does not provide a subsidy toward the cost of providing health plan coverage to sponsored dependents – employees are responsible for the full contribution amount(s).
- Employee contributions for sponsored dependent coverage are deducted from the employee's pay on a **pre-tax** basis.
- Contribution amounts for sponsored dependent coverage are actuarially determined and may differ from the full cost of providing coverage to an employee's spouse or eligible dependent child under the university's group health plans.

Biweekly	Monthly
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Medical Contributions per Sponsored Dependent

Plan	Non-Medicare	Medicare-eligible ¹	Non-Medicare	Medicare-eligible ¹
Prime Care Advantage	\$382.15	\$257.08	\$828.00	\$557.00
Prime Advantage Value	\$354.56	\$253.85	\$768.00	\$550.00
Prime Advantage Plus	\$423.23	\$267.69	\$917.00	\$580.00
Independent Choice	\$520.15	\$272.77	\$1,127.00	\$591.00
Prime Care Connect ²	\$382.15	\$257.08	\$828.00	\$557.00
Out-of-Area Plan ²	\$382.15	\$257.08	\$828.00	\$557.00
Delta Dental Plan	\$10.34	\$10.34	\$22.41	\$22.41
Vision Service Plan	\$3.52	\$3.52	\$7.63	\$7.63

¹ If the sponsored dependent is Medicare-eligible, he or she **must** enroll for such coverage.

² Enrollment in these plans requires meeting certain criteria and special application.

Please note that these rates apply to each sponsored dependent that you enroll. If you are enrolling more than one sponsored dependent, multiply the applicable rate by the total number of sponsored dependents to be covered to determine the total amount that will be deducted each pay for Sponsored Dependent Coverage.

Example:

Covering two non-Medicare-eligible sponsored dependents under Prime Care Advantage would result in:

- a biweekly deduction of \$764.30 (\$382.15 x 2)
- a monthly deduction of \$1,656.00 (\$828.00 x 2)

for Sponsored Dependent Coverage, in addition to the rate you pay for covering yourself and any other dependents.