

Full-Time Employee 2013 Contribution Chart

Raiser Permanente HMO	Medical Plan Costs Per Pay Period	Total Cost	University Centribution	Vour Contribution
Employee & Spouse	Medical Plan Costs Per Pay Period	Total Cost	University Contribution	Your Contribution
Employee & Spouse		¢250.42	¢259.12	¢ 0.00
Employee & Child(ren)		I	1 · · · · · · · · · · · · · · · · · · ·	·
Employee & Family				
Blue Shield EPO				
Employee & Spouse		748.56	613.82	134.74
Employee & Spouse 679.98 444.48 235.50 Employee & Child(ren) 582.84 380.98 201.86 Employee & Child(ren) 939.02 613.82 325.20 Employee & Family 939.02 613.82 325.20 Employee & Family 939.02 613.82 325.20 Employee & Spouse 742.46 444.48 297.98 Employee & Spouse 742.46 444.48 297.98 Employee & Child(ren) 636.40 380.98 255.42 Employee & Family 1,025.30 613.82 411.48 Employee & Family 1,025.30 613.82 411.48 Employee & Spouse 611.00 444.48 166.52 Employee & Spouse 611.00 444.48 166.52 Employee & Spouse 611.00 444.48 166.52 Employee & Spouse 611.00 444.48 142.72 Employee & Spouse 613.82 229.94 Employee & Spouse 585.76 444.48 141.28 Employee & Spouse 648.54 444.48 204.06 Employee & Spouse 552.64 444.48 204.06 Employee & Spouse 552.64 444.48 108.16 Employee & Spouse 562.64 562.64 562.64 562.64 562.64		¢222.00	\$250.42	Ф CE CO
Employee & Child(ren) 582.84 380.98 201.86 Employee & Family 939.02 613.82 325.20			1 · · · · · · · · · · · · · · · · · · ·	
Employee & Family 939.02 613.82 325.20				
Blue Shield PPO				
Employee Only \$353.54 \$258.12 \$95.42 Employee & Spouse 742.46 444.48 297.98 Employee & Child(ren) 636.40 380.98 255.42 Employee & Family 1,025.30 613.82 411.48 Employee & Family 1,025.30 613.82 411.48 Employee Only \$290.96 \$258.12 \$32.84 Employee & Spouse 611.00 444.48 166.52 Employee & Spouse 611.00 444.48 166.52 Employee & Spouse 523.70 380.98 142.72 Employee & Family 843.76 613.82 229.94 Employee & Spouse 585.76 444.48 141.28 Employee & Child(ren) 502.08 380.98 121.10 Employee & Child(ren) 502.08 380.98 121.10 Employee & Child(ren) 555.90 380.98 174.92 Employee & Child(ren) 555.90 380.98 174.92 Employee & Spouse 648.54 444.48 204.06 Employee & Child(ren) 555.90 380.98 174.92 Employee & Child(ren) 555.90 380.98 174.92 Employee & Child(ren) 473.68 380.98 92.70 Employee & Child(ren) 41.74 41.74 0.00 Employee & Spouse 57.82 48.70 9.12 Employee & Spouse 57.82 48.70 9.12 Employee & Child(ren) 49.56 41.74 7.82 Employee & Child(ren) 49.56 41.74		939.02	613.82	325.20
Employee & Spouse Employee & Child(ren) 636.40 380.98 255.42 Employee & Child(ren) 1,025.30 613.82 411.48 Blue Shield High-Deductible PPO Employee & Spouse 611.00 444.48 166.52 Employee & Child(ren) 523.70 380.98 142.72 Employee & Spouse 585.76 444.48 141.28 Employee & Spouse 585.76 444.48 141.28 Employee & Child(ren) 502.08 380.98 121.10 Employee & Spouse 585.76 444.48 141.28 Employee & Child(ren) 502.08 380.98 121.10 Employee & Family 808.92 613.82 195.10 Employee & Spouse 648.54 444.48 204.06 Employee & Child(ren) 555.90 380.98 174.92 Employee & Child(ren) 555.90 380.98 174.92 Employee & Spouse 648.54 444.48 204.06 Employee & Child(ren) 555.90 380.98 174.92 Employee & Spouse 648.54 444.48 204.06 Employee & Spouse 648.54 444.48 108.16 Employee & Spouse 552.64 444.48 108.16 Employee & Child(ren) 473.68 380.98 92.70 Employee & Family 763.16 613.82 149.34 Dental & Vision Costs Per Pay Period 763.16 613.82 149.34 Dental & Vision Costs Per Pay Period 763.16 67.26 0.00 Employee & Child(ren) 41.74 41.74 0.00 Employee & Child(ren) 41.74 41.74 0.00 Employee & Spouse 57.82 48.70 48.70 9.12 Employee & Child(ren) 49.56 41.74 7.82 Employee & Spouse 57.82 48.70 9.12 Employee & Child(ren) 49.56 41.74 7.82 Employee & Spouse 57.82 48.70 9.12 Employee & Child(ren) 49.56 41.74 7.82 Employee & Pous 57.82 57.8		\$050.54	\$050.40	Ф 05 40
Employee & Child(ren)		I -	1 · · · · · · · · · · · · · · · · · · ·	· ·
Employee & Family				
Blue Shield High-Deductible PPO				
Employee Only		1,025.30	613.82	411.48
Employee & Spouse 611.00	_	***	40=0.40	* • • • • •
Employee & Child(ren) 523.70 380.98 142.72 229.94		I -	1 · · · · · · · · · · · · · · · · · · ·	_
Employee & Family				
Dut-of-Area Blue Shield EPO				
Employee Only \$278.94 \$258.12 \$20.82 Employee & Spouse 585.76 444.48 141.28 Employee & Child(ren) 502.08 380.98 121.10 Employee & Family 808.92 613.82 195.10 Out-of-Area Blue Shield PPO Employee & Spouse 648.54 444.48 204.06 Employee & Child(ren) 555.90 380.98 174.92 Employee & Family 895.60 613.82 281.78 Out-of-Area High-Deductible PPO Employee Only \$263.16 \$258.12 \$5.04 Employee & Spouse 552.64 444.48 108.16 Employee & Spouse 552.64 444.48 108.16 Employee & Family 763.16 613.82 149.34 Dental & Vision Costs Per Pay Period Total Cost University Contribution Your Contribution Delta Premier Employee & Spouse 48.70 48.70 0.00 Employee & Spouse 48.70 48.70 0.00 Employee & Family		843.76	613.82	229.94
Employee & Spouse Employee & Child(ren) 585.76 444.48 141.28 Employee & Child(ren) 502.08 380.98 121.10 Employee & Family 808.92 613.82 195.10 Out-of-Area Blue Shield PPO Employee Only \$308.82 \$258.12 \$50.70 Employee & Spouse 648.54 444.48 204.06 Employee & Child(ren) 555.90 380.98 174.92 Employee & Family 895.60 613.82 281.78 Out-of-Area High-Deductible PPO Employee & Spouse 552.64 444.48 108.16 Employee & Child(ren) 473.68 380.98 92.70 Employee & Child(ren) 473.68 380.98 92.70 Employee & Family 763.16 613.82 149.34 Dental & Vision Costs Per Pay Period Total Cost University Contribution Your Contribution Delta Premier Employee & Spouse 48.70 48.70 0.00 Employee & Family 67.26 67.26 0.00		^	4	^
Employee & Child(ren) 502.08 380.98 121.10 Employee & Family 808.92 613.82 195.10		_	1 · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Employee & Family 808.92 613.82 195.10 Out-of-Area Blue Shield PPO \$308.82 \$258.12 \$50.70 Employee & Spouse 648.54 444.48 204.06 Employee & Child(ren) 555.90 380.98 174.92 Employee & Family 895.60 613.82 281.78 Out-of-Area High-Deductible PPO Employee Only \$263.16 \$258.12 \$5.04 Employee & Spouse 552.64 444.48 108.16 Employee & Child(ren) 473.68 380.98 92.70 Employee & Family 763.16 613.82 149.34 Dental & Vision Costs Per Pay Period Total Cost University Contribution Your Contribution Delta Premier Employee Only \$23.20 \$23.20 \$0.00 Employee & Spouse 48.70 48.70 0.00 Employee & Family 67.26 0.00 Delta Dental PPO \$23.20 \$4.34 Employee & Child(ren) 49.56 41.74 7.82 <				
Out-of-Area Blue Shield PPO \$308.82 \$258.12 \$50.70 Employee Only \$308.82 \$258.12 \$50.70 Employee & Spouse 648.54 444.48 204.06 Employee & Child(ren) 555.90 380.98 174.92 Employee & Family 895.60 613.82 281.78 Out-of-Area High-Deductible PPO Employee Only \$263.16 \$258.12 \$5.04 Employee & Spouse 552.64 444.48 108.16 Employee & Spouse 552.64 444.48 108.16 Employee & Family 763.16 613.82 149.34 Dental & Vision Costs Per Pay Period Total Cost University Contribution Your Contribution Delta Premier Employee Only \$23.20 \$23.20 \$0.00 Employee & Family 67.26 67.26 0.00 Delta Dental PPO \$27.54 \$23.20 \$4.34 Employee & Spouse 57.82 48.70 9.12 Employee & Child(ren) 49.56				
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Employee & Spouse				
Employee & Child(ren) 555.90 380.98 174.92 Employee & Family 895.60 613.82 281.78 Out-of-Area High-Deductible PPO Employee Only \$263.16 \$258.12 \$5.04 Employee & Spouse 552.64 444.48 108.16 Employee & Child(ren) 473.68 380.98 92.70 Employee & Family 763.16 613.82 149.34 Dental & Vision Costs Per Pay Period Total Cost University Contribution Your Contribution Delta Premier Employee Only \$23.20 \$23.20 \$0.00 Employee & Spouse 48.70 48.70 0.00 Employee & Child(ren) 41.74 41.74 0.00 Employee & Family 67.26 67.26 0.00 Delta Dental PPO Employee & Spouse 57.82 48.70 9.12 Employee & Family 79.84 67.26 12.58 Vision Service Plan (VSP) Employee & Spouse 9.09		I -	1 · · · · · · · · · · · · · · · · · · ·	·
Employee & Family 895.60 613.82 281.78				
Out-of-Area High-Deductible PPO Employee Only \$263.16 \$258.12 \$5.04 Employee & Spouse 552.64 444.48 108.16 Employee & Child(ren) 473.68 380.98 92.70 Employee & Family 763.16 613.82 149.34 Dental & Vision Costs Per Pay Period Total Cost University Contribution Your Contribution Delta Premier Employee & Spouse 48.70 \$23.20 \$0.00 Employee & Spouse 48.70 48.70 0.00 Employee & Family 67.26 67.26 0.00 Delta Dental PPO \$27.54 \$23.20 \$4.34 Employee & Spouse 57.82 48.70 9.12 Employee & Child(ren) 49.56 41.74 7.82 Employee & Family 79.84 67.26 12.58 Vision Service Plan (VSP) \$5.68 \$0.00 \$5.68 Employee & Spouse 9.09 0.00 9.09 Employee & Child(ren) 9.28 0.00 <td></td> <td></td> <td></td> <td></td>				
Employee Only \$263.16 \$258.12 \$5.04 Employee & Spouse 552.64 444.48 108.16 Employee & Child(ren) 473.68 380.98 92.70 Employee & Family 763.16 613.82 149.34 Dental & Vision Costs Per Pay Period Total Cost University Contribution Your Contribution Delta Premier **Employee Only \$23.20 \$23.20 \$0.00 Employee & Spouse 48.70 48.70 0.00 Employee & Child(ren) 41.74 41.74 0.00 Employee & Family 67.26 67.26 0.00 Delta Dental PPO Employee & Spouse 57.82 48.70 9.12 Employee & Child(ren) 49.56 41.74 7.82 Employee & Family 79.84 67.26 12.58 Vision Service Plan (VSP) **Spouse** \$0.00 \$5.68 Employee & Spouse 9.09 0.00 9.09 Employee & Child(ren) 9.28 0.00 9.28		895.60	613.82	281.78
Employee & Spouse 552.64 444.48 108.16 Employee & Child(ren) 473.68 380.98 92.70 Employee & Family 763.16 613.82 149.34 Dental & Vision Costs Per Pay Period Total Cost University Contribution Your Contribution Delta Premier Employee Only \$23.20 \$23.20 \$0.00 Employee & Spouse 48.70 48.70 0.00 Employee & Child(ren) 41.74 41.74 0.00 Employee & Family 67.26 67.26 0.00 Delta Dental PPO Employee Spouse 57.82 48.70 9.12 Employee & Child(ren) 49.56 41.74 7.82 Employee & Family 79.84 67.26 12.58 Vision Service Plan (VSP) Employee & Spouse 9.09 0.00 9.09 Employee & Child(ren) 9.28 0.00 9.28				
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Employee & Family 763.16 613.82 149.34 Dental & Vision Costs Per Pay Period Total Cost University Contribution Your Contribution Delta Premier ***				
Dental & Vision Costs Per Pay Period Total Cost University Contribution Your Contribution Delta Premier Employee Only \$23.20 \$23.20 \$0.00 Employee & Spouse 48.70 48.70 0.00 Employee & Child(ren) 41.74 41.74 0.00 Employee & Family 67.26 67.26 0.00 Delta Dental PPO \$27.54 \$23.20 \$4.34 Employee & Spouse 57.82 48.70 9.12 Employee & Child(ren) 49.56 41.74 7.82 Employee & Family 79.84 67.26 12.58 Vision Service Plan (VSP) \$5.68 \$0.00 \$5.68 Employee & Spouse 9.09 0.00 9.09 Employee & Child(ren) 9.28 0.00 9.28				
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Delta Premier Employee Only \$23.20 \$23.20 \$0.00 Employee & Spouse 48.70 48.70 0.00 Employee & Child(ren) 41.74 41.74 0.00 Employee & Family 67.26 67.26 0.00 Delta Dental PPO Employee Only \$27.54 \$23.20 \$4.34 Employee & Spouse 57.82 48.70 9.12 Employee & Child(ren) 49.56 41.74 7.82 Employee & Family 79.84 67.26 12.58 Vision Service Plan (VSP) Employee Only \$5.68 \$0.00 \$5.68 Employee & Spouse 9.09 0.00 9.09 Employee & Child(ren) 9.28 0.00 9.28	Dental & Vision Costs Per Pay Period	Total Cost	University Contribution	Your Contribution
Employee & Spouse 48.70 48.70 0.00 Employee & Child(ren) 41.74 41.74 0.00 Employee & Family 67.26 67.26 0.00 Delta Dental PPO Employee Only \$27.54 \$23.20 \$4.34 Employee & Spouse 57.82 48.70 9.12 Employee & Child(ren) 49.56 41.74 7.82 Employee & Family 79.84 67.26 12.58 Vision Service Plan (VSP) \$5.68 \$0.00 \$5.68 Employee & Spouse 9.09 0.00 9.09 Employee & Child(ren) 9.28 0.00 9.28			,	
Employee & Spouse 48.70 48.70 0.00 Employee & Child(ren) 41.74 41.74 0.00 Employee & Family 67.26 67.26 0.00 Delta Dental PPO Employee Only \$27.54 \$23.20 \$4.34 Employee & Spouse 57.82 48.70 9.12 Employee & Child(ren) 49.56 41.74 7.82 Employee & Family 79.84 67.26 12.58 Vision Service Plan (VSP) Employee Only \$5.68 \$0.00 \$5.68 Employee & Spouse 9.09 0.00 9.09 Employee & Child(ren) 9.28 0.00 9.28	Employee Only	\$23.20	\$23.20	\$ 0.00
Employee & Child(ren) 41.74 41.74 0.00 Employee & Family 67.26 67.26 0.00 Delta Dental PPO Employee Only \$27.54 \$23.20 \$4.34 Employee & Spouse 57.82 48.70 9.12 Employee & Child(ren) 49.56 41.74 7.82 Employee & Family 79.84 67.26 12.58 Vision Service Plan (VSP) \$5.68 \$0.00 \$5.68 Employee & Spouse 9.09 0.00 9.09 Employee & Child(ren) 9.28 0.00 9.28		-		l ·
Employee & Family 67.26 67.26 0.00 Delta Dental PPO Employee Only \$27.54 \$23.20 \$4.34 Employee & Spouse 57.82 48.70 9.12 Employee & Child(ren) 49.56 41.74 7.82 Employee & Family 79.84 67.26 12.58 Vision Service Plan (VSP) \$5.68 \$0.00 \$5.68 Employee & Spouse 9.09 0.00 9.09 Employee & Child(ren) 9.28 0.00 9.28				
Delta Dental PPO \$27.54 \$23.20 \$4.34 Employee & Spouse 57.82 48.70 9.12 Employee & Child(ren) 49.56 41.74 7.82 Employee & Family 79.84 67.26 12.58 Vision Service Plan (VSP) Employee Only \$5.68 \$0.00 \$5.68 Employee & Spouse 9.09 0.00 9.09 Employee & Child(ren) 9.28 0.00 9.28				
Employee Only \$27.54 \$23.20 \$4.34 Employee & Spouse 57.82 48.70 9.12 Employee & Child(ren) 49.56 41.74 7.82 Employee & Family 79.84 67.26 12.58 Vision Service Plan (VSP) Employee Only \$5.68 \$0.00 \$5.68 Employee & Spouse 9.09 0.00 9.09 Employee & Child(ren) 9.28 0.00 9.28				
Employee & Spouse 57.82 48.70 9.12 Employee & Child(ren) 49.56 41.74 7.82 Employee & Family 79.84 67.26 12.58 Vision Service Plan (VSP) Temployee Only \$ 5.68 \$ 0.00 \$ 5.68 Employee & Spouse 9.09 0.00 9.09 Employee & Child(ren) 9.28 0.00 9.28		\$27.54	\$23.20	\$ 4.34
Employee & Child(ren) 49.56 41.74 7.82 Employee & Family 79.84 67.26 12.58 Vision Service Plan (VSP) Employee Only \$ 5.68 \$ 0.00 \$ 5.68 Employee & Spouse 9.09 0.00 9.09 Employee & Child(ren) 9.28 0.00 9.28		-		-
Employee & Family 79.84 67.26 12.58 Vision Service Plan (VSP) \$ 5.68 \$ 0.00 \$ 5.68 Employee Only \$ 5.68 \$ 0.00 \$ 5.68 Employee & Spouse 9.09 0.00 9.09 Employee & Child(ren) 9.28 0.00 9.28				
Vision Service Plan (VSP) \$ 5.68 \$ 0.00 \$ 5.68 Employee & Spouse 9.09 0.00 9.09 Employee & Child(ren) 9.28 0.00 9.28				
Employee Only \$ 5.68 \$ 0.00 \$ 5.68 Employee & Spouse 9.09 0.00 9.09 Employee & Child(ren) 9.28 0.00 9.28				
Employee & Spouse 9.09 0.00 9.09 Employee & Child(ren) 9.28 0.00 9.28		\$ 5.68	\$ 0.00	\$ 5.68
Employee & Child(ren) 9.28 0.00 9.28				-
	Employee & Family	14.96	0.00	14.96

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Medical Plan Costs Per Pay Period	Total Cost	University Contribution	Your Contribution
Kaiser Permanente HMO	0000.40	*	D . 100.00
Employee Only	\$258.12	\$129.06	\$129.06
Employee & Spouse	542.06	222.24	319.82
Employee & Child(ren)	464.62	190.49	274.13
Employee & Family	748.56	306.91	441.65
Blue Shield EPO			
Employee Only	\$323.80	\$129.06	\$194.74
Employee & Spouse	679.98	222.24	457.74
Employee & Child(ren)	582.84	190.49	392.35
Employee & Family	939.02	306.91	632.11
Blue Shield PPO			
Employee Only	\$353.54	\$129.06	\$224.48
Employee & Spouse	742.46	222.24	520.22
Employee & Child(ren)	636.40	190.49	445.91
Employee & Family	1,025.30	306.91	718.39
Blue Shield High-Deductible PPO	,		
Employee Only	\$290.96	\$129.06	\$161.90
Employee & Spouse	611.00	222.24	388.76
Employee & Child(ren)	523.70	190.49	333.21
Employee & Family	843.76	306.91	536.85
Out-of-Area Blue Shield EPO	043.70	300.31	330.03
Employee Only	\$278.94	\$129.06	\$149.88
Employee & Spouse	585.76	222.24	363.52
Employee & Spouse Employee & Child(ren)	502.08	190.49	311.59
	808.92	306.91	
Employee & Family Out-of-Area Blue Shield PPO	606.92	306.91	502.01
	\$200.02	£420.0C	¢470.70
Employee Only	\$308.82	\$129.06	\$179.76
Employee & Spouse	648.54	222.24	426.30
Employee & Child(ren)	555.90	190.49	365.41
Employee & Family	895.60	306.91	588.69
Out-of-Area High-Deductible PPO	0000.40	*	*
Employee Only	\$263.16	\$129.06	\$134.10
Employee & Spouse	552.64	222.24	330.40
Employee & Child(ren)	473.68	190.49	283.19
Employee & Family	763.16	306.91	456.25
Dental & Vision Costs Per Pay Period	Total Cost	University Contribution	Your Contribution
Delta Premier			
Employee Only	\$23.20	\$11.60	\$11.60
Employee & Spouse	48.70	24.35	24.35
Employee & Child(ren)	41.74	20.87	20.87
Employee & Family	67.26	33.63	33.63
Delta Dental PPO			
Employee Only	\$27.54	\$11.60	\$15.94
Employee & Spouse	57.82	24.35	33.47
Employee & Child(ren)	49.56	20.87	28.69
Employee & Family	79.84	33.63	46.21
Vision Service Plan (VSP)	5.5.		2
Employee Only	\$ 5.68	\$ 0.00	\$ 5.68
Employee & Spouse	9.09	0.00	9.09
Employee & Child(ren)	9.28	0.00	9.28
Employee & Family	14.96	0.00	14.96
	14.30	0.00	17.30