

**Medical, Dental, Vision, Life/AD&D and LTD Insurance Plans
Monthly Premiums Effective July 1, 2014**

MEDICAL PLANS	BLUE CROSS PPO / NON-PPO	HEALTH NET HMO
Deductible	None/\$200	None
Hospital	80%/60%	100%
Office Visit	\$20 copay/60%	\$20 copay
Prescription Drugs Retail		
Tier 1	\$10	\$10
Tier 2	\$20	\$20
Tier 3	\$40	\$35
Mail Order Rx (90-day supply)	\$10 for Tier 1, \$40 for Tier 2 \$80 for Tier 3	2 times above copay
Mental Health/Substance Abuse	Same as any illness	Same as any illness
Medical	BLUE CROSS	HEALTH NET
Self	\$600.70	\$531.31
Self + Child(ren)	\$1,061.92	\$920.62
Self + Adult	\$1,297.92	\$1,262.54
Family (Self + Adult + child(ren))	\$1,828.85	\$1,604.53
Dental & Vision	Dental Delta Dental	Vision VSP
Self	\$34.23	\$5.72
Self + Child(ren)	\$45.83	\$8.81
Self + Adult	\$69.08	\$8.71
Family (Self + Adult + child(ren))	\$83.42	\$13.58
Life/AD&D & LTD	LTD Sun Life	Life/AD&D Sun Life
Self	\$10.95	\$2.25
Administration Fee	UCSF	UCSF
HR Administration	\$8.08	\$8.08
COBRA	\$0.52	\$0.52
Member Contributions	Monthly Deduction	Monthly Deduction
Self	\$30.00	\$0.00
Self + Child(ren)	\$60.00	\$0.00
Self + Adult	\$60.00	\$0.00
Family (Self + Adult + child(ren))	\$90.00	\$0.00
Total Monthly Premiums*	BLUE CROSS PPO	HEALTH NET HMO
Self	\$632.45	\$593.06
Self + Child(ren)	\$1,078.36	\$997.06
Self + Adult	\$1,337.51	\$1,362.13
Family (Self + Adult + child(ren))	\$1,857.65	\$1,723.33

**Includes Medical, Dental, Vision, Life/AD&D, LTD and Administration Fee minus Member's Contributions*

UCSF RESIDENTS & FELLOWS

Medical, Dental and Vision

7/1/14 Monthly COBRA Rates (Including 2% COBRA Administrative Fee)

	Medical (PPO) Blue Cross	Medical (HMO) Health Net	Dental Delta Dental	Vision VSP
Self	\$612.71	\$541.94	\$34.91	\$5.83
Self + Child(ren)	\$1,083.16	\$939.03	\$46.75	\$8.99
Self + Adult	\$1,323.88	\$1,287.79	\$70.46	\$8.88
Family (Self + Adult + child(ren))	\$1,865.43	\$1,636.62	\$85.09	\$13.85