

UCSF Residents & Fellows

Medical, Dental, Vision, Life/AD&D, STD and LTD Insurance Plans Monthly Premiums Effective July 1, 2015

MEDICAL PLANS	HEALTH NET HMO	ANTHEM PPO / NON-PPO
Deductible	None	None/\$200
Hospital	100%	80%/60%
Office Visit	\$20 copay	\$20 copay/60%
Prescription Drugs Retail		
Tier 1	\$10	\$10
Tier 2	\$20	\$20
Tier 3	\$35	\$40
Mail Order Rx (90-day supply)	2 times above copay	\$10 for Tier 1, \$40 for Tier 2 \$80 for Tier 3
Mental Health/Substance Abuse	Same as any illness	Same as any illness
Medical	HEALTH NET	ANTHEM
Self	\$552.03	\$696.81
Self + Child(ren)	\$956.52	\$1,231.80
Self + Adult	\$1,311.78	\$1,505.59
Family (Self + Adult + child(ren))	\$1,667.11	\$2,121.44
Dental & Vision	Dental Delta Dental	Vision VSP
Self	\$33.81	\$6.01
Self + Child(ren)	\$45.27	\$9.25
Self + Adult	\$68.24	\$9.15
Family (Self + Adult + child(ren))	\$82.41	\$14.26
Life/AD&D, STD & LTD	Life/AD&D CIGNA	STD & LTD CIGNA
Self	\$2.24	\$7.60
Administration Fee	UCSF	UCSF
HR Administration	\$8.08	\$8.08
COBRA	\$0.52	\$0.52
Member Contributions	Monthly Deduction	Monthly Deduction
Self	\$0.00	\$30.00
Self + Child(ren)	\$0.00	\$60.00
Self + Adult	\$0.00	\$60.00
Family (Self + Adult + child(ren))	\$0.00	\$90.00
Total Monthly Premiums*	HEALTH NET HMO	ANTHEM PPO
Self	\$610.29	\$725.07
Self + Child(ren)	\$1,029.48	\$1,244.76
Self + Adult	\$1,407.61	\$1,541.42
Family (Self + Adult + child(ren))	\$1,782.22	\$2,146.55

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

UCSF RESIDENTS & FELLOWS

Medical, Dental and Vision

7/1/15 Monthly COBRA Rates (Including 2% COBRA Administrative Fee)

	Medical (HMO) Health Net	Medical (PPO) Anthem	Dental Delta Dental	Vision VSP
Self	\$563.07	\$710.75	\$34.49	\$6.13
Self + Child(ren)	\$975.65	\$1,256.44	\$46.18	\$9.44
Self + Adult	\$1,338.02	\$1,535.70	\$69.60	\$9.33
Family (Self + Adult + child(ren))	\$1,700.45	\$2,163.87	\$84.06	\$14.55