

UCSF Residents & Fellows Benefits Program
Monthly Departmental Insurance Rates
Effective July 1, 2018

Medical, Dental, Vision, Life/AD&D, and Short/Long Term Disability (STD/LTD) Monthly Premiums:

MEDICAL PLANS	ANTHEM HMO	ANTHEM PPO
Medical	ANTHEM 'HMO'	ANTHEM 'PPO'
Self	\$586.81	\$667.12
Self + Child(ren)	\$1,016.78	\$1,179.32
Self + Adult	\$1,394.42	\$1,441.44
Family (Self + Adult + child(ren))	\$1,772.14	\$2,031.05
Dental & Vision	Dental Delta Dental	Vision VSP
Self	\$31.13	\$6.52
Self + Child(ren)	\$41.68	\$10.03
Self + Adult	\$62.82	\$9.92
Family (Self + Adult + child(ren))	\$75.87	\$15.47
Life/AD&D, STD & LTD	Life/AD&D CIGNA	STD & LTD CIGNA
Self	\$2.30	\$10.39
Administration Fee	UCSF	UCSF
HR Administration	\$13.00	\$13.00
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*	Anthem HMO	ANTHEM PPO
Self	\$650.67	\$700.98
Self + Child(ren)	\$1,094.70	\$1,197.24
Self + Adult	\$1,493.37	\$1,480.39
Family (Self + Adult + child(ren))	\$1,889.69	\$2,058.60

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

UCSF Residents & Fellows Benefits Program
Monthly COBRA Rates
Effective July 1, 2018

Medical, Dental and Vision

7/1/18 Monthly COBRA Rates (Including 2% COBRA Administrative Fee)

	Medical HMO Anthem	Medical PPO Anthem	Dental Delta Dental	Vision VSP
Self	\$598.55	\$680.46	\$31.75	\$6.65
Self + Child(ren)	\$1,037.12	\$1,202.91	\$42.51	\$10.23
Self + Adult	\$1,422.31	\$1,470.27	\$64.08	\$10.12
Family (Self + Adult + child(ren))	\$1,807.58	\$2,071.67	\$77.39	\$15.78