

**UCSF Residents & Fellows Benefits Program**  
**Monthly Departmental Insurance Rates**  
**Effective July 1,2019**

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

<b>MEDICAL PLANS</b>	<b>ANTHEM HMO</b>	<b>ANTHEM PPO</b>
<b>Medical</b>	<b>ANTHEM 'HMO'</b>	<b>ANTHEM 'PPO'</b>
Self	\$612.04	\$680.46
Self + Child(ren)	\$1,060.50	\$1,202.91
Self + Adult	\$1,454.39	\$1,470.27
Family (Self + Adult + child(ren))	\$1,848.34	\$2,071.67
<b>Dental &amp; Vision</b>	<b>Dental Delta Dental</b>	<b>Vision VSP</b>
Self	\$31.13	\$6.75
Self + Child(ren)	\$41.68	\$10.39
Self + Adult	\$62.82	\$10.28
Family (Self + Adult + child(ren))	\$75.87	\$16.03
<b>Life/AD&amp;D, STD &amp; LTD</b>	<b>Life/AD&amp;D CIGNA</b>	<b>STD &amp; LTD CIGNA</b>
Self	\$2.30	\$10.39
<b>Administration Fee</b>	<b>UCSF</b>	<b>UCSF</b>
HR Administration	\$13.00	\$13.00
<b>Member Contributions</b>	<b>Monthly Deduction</b>	<b>Monthly Deduction</b>
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
<b>Total Monthly Premiums*</b>	<b>Anthem HMO</b>	<b>ANTHEM PPO</b>
Self	\$675.61	\$714.03
Self + Child(ren)	\$1,138.26	\$1,220.67
Self + Adult	\$1,553.18	\$1,509.06
Family (Self + Adult + child(ren))	\$1,965.93	\$2,099.26

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