

UACCB					
HEALTH PLAN RATES EFFECTIVE July 1, 2010					
12 MONTH AND 9 MONTH FULL TIME					
PLAN	CLASSIC		POS		
	12 MONTH 100%	9 MONTH 100%	12 MONTH 100%	9 MONTH 100%	
EMPLOYEE ONLY					
Employee	78.60	104.80	111.36	148.48	
University	249.62	332.83	252.16	336.22	
Total	328.22	437.63	363.52	484.70	
EMPLOYEE w/SPOUSE					
Employee	176.66	235.54	250.26	333.68	
University	568.60	758.14	575.18	766.91	
Total	745.26	993.68	825.44	1,100.59	
EMPLOYEE w/CHILDREN					
Employee	138.82	185.10	196.70	262.26	
University	476.00	634.66	482.40	643.21	
Total	614.82	819.76	679.10	905.47	
EMPLOYEE w/FAMILY					
Employee	236.90	315.86	335.66	447.54	
University	802.33	1,069.78	815.40	1,087.21	
Total	1,039.23	1,385.64	1,151.06	1,534.75	
Employee Contribution	23%	23%	33%	33%	
Employer Contribution	77%	77%	67%	67%	