

2010 PLAN COSTS

To use this chart: (1) On the lefthand column, find your basic coverage level: Self, Self+Child(ren), Self+Adult; Self+Family (Self+Family means self, adult and one or more children); (2) Find the line that corresponds with you/your family's Medicare/non-Medicare enrollment; (3) Move across the page to find the monthly cost for each plan shown across the top of the chart.

COVERAGE LEVELS	ANTHEM BLUE CROSS PLUS POS	ANTHEM BLUE CROSS PPO PPO	CORE FEE-FOR-SERVICE
SELF—NON-MEDICARE	\$69.88	\$129.02	\$0.00
SELF—IN MEDICARE	\$0.00	\$0.00	\$0.00
PART B REIMBURSEMENT	\$55.21	\$71.26	\$96.40
SELF+CHILD(REN)—NON-MEDICARE	\$125.79	\$232.24	\$0.00
SELF+2 OR MORE CHILDREN—ALL IN MEDICARE	\$0.00	\$0.00	\$0.00
PART B REIMBURSEMENT	\$165.63	\$213.78	\$289.20
SELF+CHILD(REN)—ADULT IN MEDICARE, CHILD(REN) NOT IN MEDICARE	\$0.00	\$31.96	\$0.00
PART B REIMBURSEMENT	\$0.00	\$0.00	\$96.40
SELF+ADULT—NON-MEDICARE	\$191.86	\$316.05	\$0.00
SELF+ADULT—1 MEDICARE	\$66.77	\$115.77	\$0.00
PART B REIMBURSEMENT	\$0.00	\$0.00	\$96.40
SELF+ADULT/CHILD—BOTH IN MEDICARE	\$0.00	\$0.00	\$0.00
PART B REIMBURSEMENT	\$110.42	\$142.52	\$192.80
SELF+FAMILY—NON-MEDICARE	\$247.75	\$419.26	\$0.00
SELF+FAMILY—BOTH ADULTS IN MEDICARE; ALL CHILDREN NON-MEDICARE	\$0.00	\$36.16	\$0.00
PART B REIMBURSEMENT	\$54.53	\$0.00	\$192.80
SELF+FAMILY—BOTH ADULTS IN MEDICARE; 1 OR MORE CHILD(REN) IN MEDICARE	\$0.00	\$0.00	\$0.00
PART B REIMBURSEMENT	\$165.63	\$213.78	\$289.20
SELF+FAMILY—1 IN MEDICARE	\$122.66	\$218.98	\$0.00
PART B REIMBURSEMENT	\$0.00	\$0.00	\$96.40

YOUR MONTHLY PLAN COST

The monthly costs for medical coverage are based on the maximum UC/employer contribution toward the premium for each plan. Your plan cost appears as a deduction on your benefit check stub or direct deposit statement. If you are not eligible for the maximum UC/employer contribution, your costs may be higher. You can view your monthly costs by signing in to your personal account on At Your Service and selecting Open Enrollment.

DENTAL PLAN COSTS

UC continues to pay the full cost of dental coverage provided you are eligible for 100 percent of the UC/employer contribution.

LEGAL PLAN COSTS

The monthly cost is not increasing. (see chart >>)

SELF	\$10.02
SELF+CHILD(REN)	\$13.78
SELF+ADULT	\$13.78
SELF+FAMILY	\$15.03

HEALTH NET (SENIORITY PLUS) HMO	HIGH OPTION SUPPLEMENT TO MEDICARE FEE-FOR-SERVICE	KAISER—CA (SENIOR ADVANTAGE) HMO	WESTERN HEALTH ADVANTAGE (WHA CARE+) HMO
\$60.38	NOT APPLICABLE	\$47.25	\$47.25
\$0.00	\$7.72	\$0.00	\$0.00
\$96.40	\$0.00	\$96.40	\$79.63
\$108.69	NOT APPLICABLE	\$85.05	\$85.05
\$0.00	\$23.16	\$0.00	\$0.00
\$289.20	\$0.00	\$289.20	\$238.89
\$0.00	NOT APPLICABLE	\$0.00	\$0.00
\$58.57		\$96.40	\$41.83
\$171.90	NOT APPLICABLE	\$103.95	\$103.95
\$4.64	NOT APPLICABLE	\$0.00	\$0.00
\$0.00		\$96.40	\$22.93
\$0.00	\$15.44	\$0.00	\$0.00
\$192.80	\$0.00	\$192.80	\$159.26
\$220.21	NOT APPLICABLE	\$141.76	\$141.76
\$0.00	NOT APPLICABLE	\$0.00	\$0.00
\$165.45		\$192.80	\$121.46
\$0.00	\$23.16	\$0.00	\$0.00
\$289.20	\$0.00	\$289.20	\$238.89
\$52.28	NOT APPLICABLE	\$0.00	\$14.88
\$0.00		\$58.98	\$0.00

MEDICARE PART B REIMBURSEMENT

Medicare Part B reimbursement may apply if your cost is \$0.00. Part B reimbursement is based on the 2010 Medicare Part B premium of \$96.40 per person. Reimbursements vary.