

2008

UNIVERSITY OF CALIFORNIA MONTHLY COSTS FOR DENTAL/VISION/LEGAL PLANS 1/1/2008 - 12/31/2008

DENTAL PLAN

Delta Dental PPO

	Single	Adult plus Child(ren)	Two Adults	Family
Gross Rates	37.82	76.92	70.79	125.76
UC Contribution	37.82	76.92	70.79	125.76
Net Employee Cost	0.00	0.00	0.00	0.00

DeltaCare USA

	Single	Adult plus Child(ren)	Two Adults	Family
Gross Rates	20.10	34.64	34.49	49.04
UC Contribution	20.10	34.64	34.49	49.04
Net Employee Cost	0.00	0.00	0.00	0.00

VISION PLAN

VSP

	Single	Adult plus Child(ren)	Two Adults	Family
Gross Rates	13.45	13.45	13.45	13.45
UC Contribution	13.45	13.45	13.45	13.45
Net Employee Cost	0.00	0.00	0.00	0.00

LEGAL PLAN

ARAG

	Single	Adult plus Child(ren)	Two Adults	Family
Gross Rates	10.02	13.78	13.78	15.03
UC Contribution	0.00	0.00	0.00	0.00
Net Employee Cost	10.02	13.78	13.78	15.03