

2010

UNIVERSITY OF CALIFORNIA MONTHLY COSTS FOR DENTAL/VISION/LEGAL PLANS 01/01/2010 - 12/31/2010

DENTAL PLAN

Delta Dental PPO

	Single	Adult plus Child(ren)	Two Adults	Family
Gross Rates	42.40	86.55	79.63	141.68
UC Contribution	42.40	86.55	79.63	141.68
Net Employee Cost	0.00	0.00	0.00	0.00

DeltaCare USA

	Single	Adult plus Child(ren)	Two Adults	Family
Gross Rates	22.38	38.58	38.41	54.62
UC Contribution	22.38	38.58	38.41	54.62
Net Employee Cost	0.00	0.00	0.00	0.00

VISION PLAN

Vision Service 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