

**YOUR MEDICAL PLAN COSTS**

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 subject to graduated eligibility and, therefore, not

eligible for the maximum UC/employer contribution, your costs may be higher than those listed below. For more information about how to view your 2012 premiums, see page 4.

MEDICARE PLANS	SELF	SELF + ADULT 1 MEDICARE	SELF+ADULT OR CHILD BOTH MEDICARE	SELF + FAMILY BOTH ADULTS MEDICARE	SELF + FAMILY 1 ADULT MEDICARE	SELF+CHILD(REN) 1 ADULT MEDICARE	SELF + FAMILY ALL MEDICARE	SELF + 2 OR MORE CHILDREN ALL MEDICARE
Anthem Blue Cross PLUS	\$8.65 / 0.00	\$232.73 / 0.00	\$17.30 / 0.00	\$145.31 / 0.00	\$360.75 / 0.00	\$136.65 / 0.00	\$25.95 / 0.00	\$25.95 / 0.00
Anthem Blue Cross PPO	0.00 / 45.32	153.82 / 0.00	0.00 / 90.64	69.55 / 0.00	263.71 / 0.00	64.55 / 0.00	0.00 / 135.96	0.00 / 135.96
Anthem Blue Cross PPO without Prescription Drugs	0.00 / 96.40	N/A	0.00 / 192.80	N/A	N/A	N/A	0.00 / 289.20	0.00 / 289.20
Core	0.00 / 96.40	0.00 / 96.40	0.00 / 192.80	0.00 / 192.80	0.00 / 96.40	0.00 / 96.40	0.00 / 289.20	0.00 / 289.20
Health Net Blue & Gold/Seniority Plus (families with non-Medicare & Medicare members)	N/A	107.44 / 0.00	N/A	32.01 / 0.00	193.72 / 0.00	27.01 / 0.00	N/A	N/A
Health Net Seniority Plus HMO	0.00 / 59.27	169.25 / 0.00	0.00 / 118.54	76.96 / 0.00	300.49 / 0.00	71.96 / 0.00	0.00 / 177.81	0.00 / 177.81
High Option Supplement to Medicare	58.80 / 0.00	N/A	117.60 / 0.00	N/A	N/A	N/A	176.40 / 0.00	176.40 / 0.00
Kaiser Senior Advantage HMO	0.00 / 96.40	0.00 / 57.61	0.00 / 192.80	0.00 / 192.80	0.00 / 18.27	0.00 / 96.40	0.00 / 289.20	0.00 / 289.20
Kaiser Umbrella (closed to new members)	0.00 / 96.40	117.66 / 0.00	0.00 / 192.80	20.38 / 0.00	262.22 / 0.00	15.38 / 0.00	0.00 / 289.20	0.00 / 289.20

**Plan Cost Key**

**\$0.00 / +0.00**

Your Premium      Medicare Part B Reimbursement

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

**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.

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

**Vision Plan Costs**  
The cost is decreasing.

	QUARTERLY	ANNUALLY
SELF	\$35.97	\$143.88
SELF+CHILD(REN)	\$68.61	\$274.44
SELF+ADULT	\$67.98	\$271.92
SELF+FAMILY	\$84.00	\$336.00

**AD&D Plan Costs**  
The annual cost is increasing.

COVERAGE AMOUNT	SELF	SELF + SPOUSE/ DOMESTIC PARTNER
\$10,000	\$15.00	\$20.00
\$25,000	\$37.50	\$50.00
\$50,000	\$75.00	\$100.00
\$100,000	\$150.00	\$200.00

NON-MEDICARE PLANS	SELF	SELF+CHILD(REN)	SELF + ADULT	SELF + FAMILY	AGE 65 AND OVER, NOT MEDICARE ELIGIBLE			
					SELF	SELF+CHILD(REN)	SELF + ADULT	SELF + FAMILY
Anthem Blue Cross PLUS	\$160.01	\$288.01	\$384.09	\$512.11	\$111.29	\$200.32	\$286.93	\$375.97
Anthem Blue Cross PPO	137.34	247.21	336.48	446.37	88.62	159.52	239.32	310.23
Anthem Lumenos PPO w/ HRA*	65.87	118.56	186.40	239.10	44.12	79.42	99.25	134.54
Core	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Health Net Blue & Gold HMO	107.85	194.13	274.56	360.84	59.13	106.44	177.40	224.70
Health Net HMO	164.04	295.27	392.56	523.80	115.32	207.58	295.40	387.66
Kaiser Permanente—California	55.79	100.42	151.33	190.67	44.12	79.42	99.25	134.54
Kaiser Umbrella (closed to new members)	180.69	325.24	427.52	572.08	131.97	237.55	330.36	435.94
Western Health Advantage (WHA)	58.17	104.70	170.23	216.77	44.12	79.42	99.25	134.54

\* Closed to new retiree enrollment  
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