



University Physicians, Inc.  
 13611 E. Colfax Avenue  
 Aurora, CO 80045-5701

**UNIVERSITY  
 PHYSICIANS, INC.**

**MONTHLY RATES FOR THE 2010-11 PLAN YEAR**

**MEDICAL PLANS**

	TOTAL RATE	UPI CONTRIBUTION	EMPLOYEE COST
<b>UA Net</b>			
Employee Only	\$ 405.97	\$371.60	\$ 34.37
Employee + Child(ren)	769.35	647.74	121.61
Employee + Spouse/SGDP*	809.66	647.74	161.92
Family	1,132.80	933.50	199.30
<b>Lumenos</b>			
Employee Only	\$ 371.60	\$371.60	\$ 0.00
Employee + Child(ren)	661.74	647.74	14.00
Employee + Spouse/SGDP	662.74	647.74	15.00
Family	952.50	933.50	19.00
<b>Kaiser HMO</b>			
Employee Only	\$ 406.05	\$371.60	\$ 34.45
Employee + Child(ren)	769.66	647.74	121.92
Employee + Spouse/SGDP	810.07	647.74	162.33
Family	1,133.31	933.50	199.81

\*Same gender domestic partner

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### DENTAL PLANS

	TOTAL RATE	UPI CONTRIBUTION	EMPLOYEE COST
<b>Exclusive Panel Option (EPO)</b>			
Employee Only	\$24.08	\$24.08	\$ 0.00
Employee + Child(ren)	48.44	24.08	24.36
Employee + Spouse/SGDP	42.83	24.08	18.75
Family	70.33	24.08	46.25
<b>Delta Dental PPO</b>			
Employee Only	\$ 41.12	\$24.08	\$17.04
Employee + Child(ren)	79.32	24.08	55.24
Employee + Spouse/SGDP	72.24	24.08	48.16
Family	120.05	24.08	95.97

### OPTIONAL TERM LIFE/AD&D FOR EMPLOYEE AND SPOUSE/SGDP

AGE	STANDARD RATE PER \$1,000 OF COVERAGE	DISCOUNT RATE PER \$1,000 OF COVERAGE
<b>Under age 20</b>	<b>\$ .076</b>	<b>\$ .057</b>
20-24	\$ .078	\$ .060
<b>25-29</b>	<b>\$ .083</b>	<b>\$ .063</b>
30-34	\$ .10	\$ .064
<b>35-39</b>	<b>\$ .11</b>	<b>\$ .071</b>
40-44	\$ .137	\$ .096
<b>45-49</b>	<b>\$ .201</b>	<b>\$ .141</b>
50-54	\$ .305	\$ .21
<b>55-59</b>	<b>\$ .484</b>	<b>\$ .341</b>
60-64	\$ .893	\$ .625
<b>65-69</b>	<b>\$1.44</b>	<b>\$1.04</b>
70-74	\$2.51	\$1.86
<b>75+</b>	<b>\$4.50</b>	<b>\$2.08</b>

### CHILDREN (ONE RATE COVERS ALL ELIGIBLE CHILDREN)

OPTION A:	\$ 5,000 group term/\$5,000 AD&D	\$ 1.10
OPTION B:	\$10,000 group term/\$10,000 AD&D	\$ 2.20

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### VOLUNTARY AD&D FOR EMPLOYEE AND SPOUSE/SGDP

AMOUNT	MONTHLY COST PER PERSON ENROLLED
\$ 10,000	\$ .28
\$ 20,000	\$ .56
\$ 30,000	\$ .84
\$ 40,000	\$ 1.12
\$ 50,000	\$ 1.40
\$ 60,000	\$ 1.68
\$ 70,000	\$ 1.96
\$ 80,000	\$ 2.24
\$ 90,000	\$ 2.52
\$ 100,000	\$ 2.80
\$ 150,000	\$ 4.20
\$ 200,000	\$ 5.60
\$ 250,000	\$ 7.00

### CHILDREN (ONE RATE COVERS ALL ELIGIBLE CHILDREN)

\$ 5,000	\$ .14
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### SHORT-TERM DISABILITY FOR EMPLOYEE

ANNUAL SALARY CLASSIFICATION	MAXIMUM WEEKLY SHORT-TERM DISABILITY BENEFIT*	EMPLOYEE COST
\$ 75,000 and above	\$ 850	\$ 7.65
\$ 50,000 to \$ 74,999	\$ 575	\$ 5.18
\$ 35,000 to \$ 49,999	\$ 400	\$ 3.60
\$ 24,000 to \$ 34,999	\$ 250	\$ 2.25
\$ 21,000 to \$ 23,999	\$ 225	\$ 2.03
\$ 19,000 to \$ 20,999	\$ 200	\$ 1.80
\$ 16,300 to \$ 18,999	\$ 175	\$ 1.58
\$ 14,000 to \$ 16,299	\$ 150	\$ 1.35
\$ 10,800 to \$ 13,999	\$ 125	\$ 1.13
Less than \$10,800	\$ 100	\$ .90

\*You may elect any of the benefit amounts shown up to the maximum weekly benefit for your salary level. See benefit information.