



University Physicians, Inc.
13199 E Montview Blvd.
Aurora, CO 80045

UNIVERSITY
PHYSICIANS, INC.

MONTHLY RATES FOR THE 2011-12 PLAN YEAR

MEDICAL PLANS

	TOTAL RATE	UPI CONTRIBUTION	EMPLOYEE COST
UA Net Plan			
Employee Only	\$ 432.20	\$375.02	\$ 57.18
Employee + Child(ren)	814.77	654.24	160.53
Employee + Spouse/SGDP*	857.21	654.24	202.97
Family	1,197.41	942.96	254.45
Kaiser Permanente Plan			
Employee Only	\$ 445.68	\$375.02	\$ 70.66
Employee + Child(ren)	840.55	654.24	186.31
Employee + Spouse/SGDP	884.43	654.24	230.19
Family	1,235.46	942.96	292.50
Lumenos			
Employee Only	\$ 388.78	\$375.02	\$ 13.76
Employee + Child(ren)	679.26	654.24	\$ 25.02
Employee + Spouse/SGDP	680.26	654.24	\$ 26.02
Family	991.98	942.96	\$ 49.02

*Same gender domestic partner

DENTAL PLANS

	TOTAL RATE	UPI CONTRIBUTION	EMPLOYEE COST
Exclusive Panel Option (EPO)			
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
Delta Dental PPO			
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

UNIVERSITY PHYSICIANS, INC.**MONTHLY RATES FOR THE 2011-12 PLAN YEAR****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
Under age 20	.076	.057
20-24	.078	.060
25-29	.083	.063
30-34	.10	.064
35-39	.11	.071
40-44	.137	.096
45-49	.201	.141
50-54	.305	.21
55-59	.484	.341
60-64	.893	.625
65-69	1.44	1.04
70-74	2.51	1.86
75 and older	4.50	2.08
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

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

UNIVERSITY PHYSICIANS, INC.

MONTHLY RATES FOR THE 2011-12 PLAN YEAR

SHORT-TERM DISABILITY MONTHLY RATE FOR EMPLOYEE

ANNUAL SALARY CLASSIFICATION	MAXIMUM WEEKLY SHORT-TERM DISABILITY BENEFIT	EMPLOYEE COST
OPTION 1:		
\$ 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

OPTION 2:

Monthly employee cost is calculated on percentage of salary:

- Employee monthly salary multiplied by .60 = percentage of monthly salary
- Percentage of monthly salary divided by 100 = amount to determine monthly cost
- Multiply this amount by the option rate .207 = monthly employee cost (deduction from pay)

Example: Employee makes \$5,000.00 per month
 $\$5,000.00 \times .60 = \$3,000.00$
 $\$3,000.00 / 100 = \30.00
 $\$30.00 \times .207 = \6.21 monthly pay deduction