



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

UNIVERSITY
PHYSICIANS, INC.

MONTHLY RATES FOR THE 2009-10 PLAN YEAR

MEDICAL PLANS

	TOTAL* RATE	UPI CONTRIBUTION	EMPLOYEE COST
HMO Colorado			
Employee Only	\$ 476.61	\$352.42	\$124.19
Employee + Child(ren)	889.52	617.34	272.18
Employee + Spouse/SGDP	932.23	617.34	314.89
Family	1,302.43	887.30	415.13
UA Net HMO			
Employee Only	\$ 385.19	\$352.42	\$ 32.77
Employee + Child(ren)	724.22	617.34	106.88
Employee + Spouse/SGDP	758.97	617.34	141.63
Family	1,066.73	887.30	179.43
Kaiser Permanente HMO			
Employee Only	\$ 386.68	\$352.42	\$ 34.26
Employee + Child(ren)	732.84	617.34	115.50
Employee + Spouse/SGDP	771.31	617.34	153.97
Family	1,079.05	887.30	191.75
Lumenos			
Employee Only	\$ 352.42	\$352.42	\$ 0.00
Employee + Child(ren)	631.34	617.34	14.00
Employee + Spouse/SGDP	632.34	617.34	15.00
Family	906.30	887.30	19.00
BluePreferred PPO			
Employee Only	\$ 708.51	\$352.42	\$356.09
Employee + Child(ren)	1,341.28	617.34	723.94
Employee + Spouse/SGDP	1,411.56	617.34	794.22
Family	1,973.99	887.30	1,086.69

* Total medical rates include the carrier rate and a \$2.00 administrative fee.

**Same gender domestic partner

UNIVERSITY PHYSICIANS, INC.**MONTHLY RATES FOR THE 2009-10 PLAN YEAR****DENTAL PLANS**

	TOTAL RATE	UPI CONTRIBUTION	EMPLOYEE COST
EPO			
Employee Only	\$23.52	\$23.52	\$ 0.00
Employee + Child(ren)	47.32	23.52	23.80
Employee + Spouse/SGDP	41.84	23.52	18.32
Family	68.70	23.52	45.18
PPO			
Employee Only	\$40.17	\$23.52	\$16.65
Employee + Child(ren)	77.48	23.52	53.96
Employee + Spouse/SGDP	70.57	23.52	47.05
Family	117.27	23.52	93.75

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

UNIVERSITY PHYSICIANS, INC.

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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 MONTHLY RATE 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 the Benefits Guide.