

<u>MEDICAL PLAN</u>					Medicare			Split-Medicare			
	<u>U</u>	<u>UC</u>	<u>UA</u>	<u>UAC</u>	<u>M</u>	<u>MM</u>	<u>MMM</u>	<u>MA</u>	<u>MC</u>	<u>MAC</u>	<u>MMC</u>
	Single	Adult plus Child(ren)	Two Adults	Family	Single	Two Party	Family	Two Adults	Adult plus Child(ren)	Family (1)	Family (2)
UC Blue & Gold HMO (3)	1,000.81	1,801.46	2,101.71	2,902.36	N/A	N/A	N/A	1,457.09	1,156.84	2,257.74	1,513.04
Kaiser Permanente - CA	809.39	1,456.90	1,699.72	2,347.22	252.50	505.00	757.50	1,142.83	900.01	1,790.33	1,152.51
CORE Major Medical (4)	324.14	583.44	680.69	939.99	N/A	N/A	N/A	826.07	728.82	1,085.37	1,198.34
High Option Supplement to Medicare	N/A	N/A	N/A	N/A	696.46	1,392.91	2,089.37	N/A	N/A	N/A	N/A
Health Savings Plan	810.25	1,458.45	1,701.52	2,349.72	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Medicare PPO	N/A	N/A	N/A	N/A	469.52	939.03	1,408.55	N/A	N/A	N/A	N/A
UC Care (4)	1,371.36	2,468.45	2,879.86	3,976.95	N/A	N/A	N/A	1,978.01	1,566.61	3,075.11	2,036.12
Medicare PPO without Rx	N/A	N/A	N/A	N/A	126.90	253.80	380.69	N/A	N/A	N/A	N/A
UC Medicare Choice	N/A	N/A	N/A	N/A	356.19	712.39	1,068.58	N/A	N/A	N/A	N/A

COBRA Members

<u>DENTAL/VISION PLAN</u>	<u>U</u>	<u>UC</u>	<u>UA</u>	<u>UAC</u>
	Single	Adult plus Child(ren)	Two Adults	Family
Delta Dental PPO	45.12	81.22	94.76	130.86
DeltaCare USA DHMO	17.84	32.10	37.45	51.71
Vision Service Plan	11.09	11.09	11.09	11.09

NOTES:
 *The CalCOBRA extension which allows qualified beneficiaries to extend their medical plan coverage for up to a maximum of 36 months from the date of the beginning of your COBRA continuation period will not be available if you are enrolled in UC Care, UC Health Savings or CORE Plan.
 (1) MAC = Split Medicare family with at least one Non-Medicare Adult
 (2) MMC = Split Medicare family with two Medicare Adults plus Child(ren)
 (3) Rates for Split-Medicare families with Medicare members enrolled in UC Medicare Choice
 (4) Rates for Split-Medicare families with Medicare members enrolled in Medicare PPO