

EMPLOYEE RATES
JANUARY 16, 2008 THROUGH JUNE 30, 2008

FULL-TIME (75% to 100% FTE) EMPLOYEE RATES

Revised EE Rate (**NOT WellU Participant**)

Network Option	Plan Option	Medical and Dental			Medical Only		
		Single	Two-Party	Family	Single	Two-Party	Family
BlueCross Blue Shield	Basic	\$39.72	\$73.16	\$103.68	\$29.66	\$50.10	\$ 67.30
	Comprehensive	\$61.22	\$109.48	\$152.46	\$51.16	\$86.42	\$116.08
	Advantage	\$73.04	\$129.46	\$179.28	\$62.98	\$106.40	\$142.90

ValueCare	Basic	\$24.22	\$46.98	\$ 68.50	\$14.16	\$23.92	\$32.12
	Comprehensive	\$45.72	\$83.30	\$117.28	\$35.66	\$60.24	\$80.90
	Advantage	\$57.54	\$103.28	\$144.10	\$47.48	\$80.22	\$107.72

University Health Care Plus	Basic	\$18.50	\$37.34	\$55.54	\$8.44	\$14.28	\$19.16
	Comprehensive	\$40.00	\$73.66	\$104.32	\$29.94	\$50.60	\$67.94
	Advantage	\$51.82	\$ 93.64	\$131.14	\$41.76	\$70.58	\$94.76

Revised EE Rate (**WellU Participant**)

Network Option	Plan Option	Medical and Dental			Medical Only		
		Single	Two-Party	Family	Single	Two-Party	Family
BlueCross Blue Shield	Basic	\$ -	\$33.16	\$63.68	\$ -	\$10.10	\$ 27.30
	Comprehensive	\$21.22	\$69.48	\$112.46	\$11.16	\$46.42	\$76.08
	Advantage	\$33.04	\$89.46	\$139.28	\$22.98	\$66.40	\$102.90

ValueCare	Basic	\$ -	\$6.98	\$28.50	\$ -	\$ -	\$ - -
	Comprehensive	\$5.72	\$43.30	\$77.28	\$ -	\$20.24	\$40.90
	Advantage	\$17.54	\$63.28	\$104.10	\$7.48	\$40.22	\$67.72

University Health Care Plus	Basic	\$ -	\$ -	\$15.54	\$ -	\$ -	\$ -
	Comprehensive	\$ -	\$33.66	\$64.32	\$ -	\$10.60	\$27.94
	Advantage	\$11.82	\$53.64	\$91.14	\$1.76	\$30.58	\$54.76

**EMPLOYEE RATES
JANUARY 16, 2008 THROUGH JUNE 30, 2008**

PART-TIME (50% TO 74% FTE) EMPLOYEE RATES

Revised EE Rate (**NOT WellIU Participant**)

Network Option	Plan Option	Medical and Dental			Medical Only		
		Single	Two-Party	Family	Single	Two-Party	Family
BlueCross Blue Shield	Basic	\$246.18	\$426.94	\$583.22	\$227.96	\$385.14	\$517.26
	Comprehensive	\$276.84	\$478.74	\$652.80	\$258.62	\$436.94	\$586.84
	Advantage	\$289.52	\$500.16	\$681.54	\$271.30	\$458.36	\$615.58

ValueCare	Basic	\$230.68	\$400.76	\$548.04	\$212.46	\$358.96	\$482.08
	Comprehensive	\$261.34	\$452.56	\$617.62	\$243.12	\$410.76	\$551.66
	Advantage	\$274.02	\$473.98	\$646.36	\$255.80	\$432.18	\$580.40

University Health Care Plus	Basic	\$224.96	\$391.12	\$535.08	\$206.74	\$349.32	\$469.12
	Comprehensive	\$255.62	\$442.92	\$604.66	\$237.40	\$401.12	\$538.70
	Advantage	\$268.30	\$464.34	\$633.40	\$250.08	\$422.54	\$567.44

Revised EE Rate (**WellIU Participant**)

Network Option	Plan Option	Medical and Dental			Medical Only		
		Single	Two-Party	Family	Single	Two-Party	Family
BlueCross Blue Shield	Basic	\$206.18	\$386.94	\$543.22	\$187.96	\$345.14	\$477.26
	Comprehensive	\$236.84	\$438.74	\$612.80	\$218.62	\$396.94	\$546.84
	Advantage	\$249.52	\$460.16	\$641.54	\$231.30	\$418.36	\$575.58

ValueCare	Basic	\$190.68	\$360.76	\$508.04	\$172.46	\$318.96	\$442.08
	Comprehensive	\$221.34	\$412.56	\$577.62	\$203.12	\$370.76	\$511.66
	Advantage	\$234.02	\$433.98	\$606.36	\$215.80	\$392.18	\$540.40

University Health Care Plus	Basic	\$184.96	\$ 351.12	\$495.08	\$166.74	\$309.32	\$429.12
	Comprehensive	\$215.62	\$402.92	\$564.66	\$197.40	\$361.12	\$498.70
	Advantage	\$228.30	\$424.34	\$593.40	\$210.08	\$382.54	\$527.44