

## **2007 Postdoctoral Scholars Open Enrollment Rates**

SERVICE REQUEST - 81692

Payroll Coordination

Contact: Julia Sills (7-0944)

October 20, 2006

Revised: November 8, 2006

Attached are the 2007 Open Enrollment rates for the Postdoctoral Benefit Plans (Medical, Life, AD&D and Short-term Disability). These rates are effective January 1, 2007. (Please note that there are no changes to the Broker Fees, Dental Plans, Vision, and Long-Term Disability for this Open Enrollment period. However, Benefits Rate Table forms for these plans are attached displaying the effective date of January 1, 2007.)

### Attachments:

1. University of California PSBP Cost Analysis Effective January 1, 2007
2. System Parameters Table UPAY 559
3. Benefits Rate Table UPAY 555 – Medical Insurance Plans HMO
4. Benefits Rate Table UPAY 555 – Medical Insurance Plans PPO
5. Benefits Rate Table UPAY 551 – Dental Insurance Rates DHMO
6. Benefits Rate Table UPAY 551 – Dental Insurance Rates PPO
7. Benefits Rate Table UPAY 708 – Vision Insurance Rates



PAYROLL/PERSONNEL  
**SYSTEM PARAMETERS TABLE**  
 UPAY559 (R01/03) R1460

8.

A/C/D 1	TBL. NO 2 3	PARAM. NO 4 6	Value 8 13 16	Description 17 36
<b>C</b>	01	189	3   6500	POSTD Life/AD&D Flat
C	01	190	7   2800	POSTD Disability Flat
	01			
	01			
	01			
	01			
	01			
	01			
	01			
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	01			
	01			
	01			

2007 Premium Rates

RETN: Until action taken

Prepared By: Date

Approved By: Date

**University of California PSBP**

**Cost Analysis Effective January 1, 2007**

<u>Health Net Medical Plans</u>			
<b>HMO</b>	<b>Enrollment</b>	<b>Current</b>	<b>Renewal (2% Reduction)</b>
Postdoc	1972	\$229.02	\$224.44
Postdoc + Partner	469	\$549.66	\$538.67
Postdoc + Child(ren)	104	\$400.80	\$392.78
Family	511	\$698.52	\$684.55
<b>Total Monthly Cost</b>		<b>\$1,108,044.90</b>	<b>\$1,085,886.08</b>
<b>Total Annual Cost</b>		<b>\$13,296,538.80</b>	<b>\$13,030,632.96</b>
<b>\$ Annual Increase/Decrease</b>			<b>(\$265,905.84)</b>
<b>% Annual Increase/Decrease</b>			<b>-2.00%</b>
<b>PPO</b>	<b>Enrollment</b>	<b>Current</b>	<b>Renewal (10% Reduction)</b>
Postdoc	323	\$319.61	\$287.65
Postdoc + Partner	73	\$767.06	\$690.35
Postdoc + Child(ren)	9	\$559.32	\$503.39
Family	59	\$974.82	\$877.34
<b>Total Monthly Cost</b>		<b>\$221,777.67</b>	<b>\$199,600.07</b>
<b>Total Annual Cost</b>		<b>\$2,661,332.04</b>	<b>\$2,395,200.84</b>
<b>\$ Annual Increase/Decrease</b>			<b>(\$266,131.20)</b>
<b>% Annual Increase/Decrease</b>			<b>-10.00%</b>
<u>Health Net / Principal Dental Plans</u>			
<b>Health Net HMO (2 year guarantee)</b>	<b>Enrollment</b>	<b>Current</b>	<b>Renewal</b>
Postdoc	1170	\$11.19	\$11.19
Postdoc + Partner	306	\$20.14	\$20.14
Postdoc + Child(ren)	45	\$21.26	\$21.26
Family	256	\$31.33	\$31.33
<b>Total Monthly Cost</b>		<b>\$28,232.32</b>	<b>\$28,232.32</b>
<b>Total Annual Cost</b>		<b>\$338,787.84</b>	<b>\$338,787.84</b>
<b>\$ Annual Increase/Decrease</b>			<b>\$0.00</b>
<b>% Annual Increase/Decrease</b>			<b>0.00%</b>
<b>Principal PPO</b>	<b>Enrollment</b>	<b>Current</b>	<b>Renewal</b>
Postdoc	1096	\$27.34	\$27.34
Postdoc + Partner	265	\$56.42	\$56.42
Postdoc + Child(ren)	56	\$62.89	\$62.89
Family	305	\$100.87	\$100.87
<b>Total Monthly Cost</b>		<b>\$49,238.49</b>	<b>\$49,238.49</b>
<b>Total Annual Cost</b>		<b>\$590,861.88</b>	<b>\$590,861.88</b>
<b>\$ Annual Increase/Decrease</b>			<b>\$0.00</b>
<b>% Annual Increase/Decrease</b>			<b>0.00%</b>
<u>Health Net Vision</u>			
<b>PPO (2 year rate guarantee)</b>	<b>Enrollment</b>	<b>Current</b>	<b>Renewal</b>
Postdoc	2236	\$7.52	\$7.52
Postdoc + Partner	557	\$11.98	\$11.98
Postdoc + Child(ren)	98	\$12.22	\$12.22
Family	554	\$19.72	\$19.72
<b>Total Monthly Cost</b>		<b>\$18,795.30</b>	<b>\$18,795.30</b>
<b>Total Annual Cost</b>		<b>\$225,543.60</b>	<b>\$225,543.60</b>

\$ Annual Increase/Decrease			\$0.00
% Annual Increase/Decrease			0.00%
<b>Standard \$50,000 Life and AD&amp;D Insurance</b>			
<b>Life/AD&amp;D (2 year rate guarantee)</b>	<b>Participants</b>	<b>Current PMPM</b>	<b>Renewal PMPM</b>
Postdoc	3252	\$4.20	\$3.65
<b>Total Monthly Cost</b>		<b>\$13,658.40</b>	<b>\$11,869.80</b>
<b>Total Annual Cost</b>		<b>\$163,900.80</b>	<b>\$142,437.60</b>
<b>\$ Annual Increase/Decrease</b>			<b>(\$21,463.20)</b>
<b>% Annual Increase/Decrease</b>			<b>-13.10%</b>
<b>Standard Short Term Disability</b>			
	<b>Participants</b>	<b>Current PMPM</b>	<b>Renewal PMPM</b>
Postdocs	3252	\$10.24	\$7.28
<b>Total Monthly Cost</b>		<b>\$33,300.48</b>	<b>\$23,674.56</b>
<b>Total Annual Cost</b>		<b>\$399,605.76</b>	<b>\$284,094.72</b>
<b>\$ Annual Increase/Decrease</b>			<b>(\$115,511.04)</b>
<b>% Annual Increase/Decrease</b>			<b>-28.91%</b>
<b>Standard Voluntary Long Term Disability</b>			
	<b>Participants</b>	<b>Average PMPM</b>	<b>Renewal Composite Rate</b>
Postdocs	892	\$6.66	\$6.66
<b>Total Monthly Cost</b>		<b>\$5,940.72</b>	<b>\$5,940.72</b>
<b>Total Annual Cost</b>		<b>\$71,288.64</b>	<b>\$71,288.64</b>
<b>\$ Annual Increase/Decrease</b>			<b>\$0.00</b>
<b>% Annual Increase/Decrease</b>			<b>0.00%</b>
<b>ALL PLANS</b>			
<b>Total Monthly Cost</b>		<b>\$1,478,988.28</b>	<b>\$1,423,237.34</b>
<b>Total Annual Cost</b>		<b>\$17,747,859.36</b>	<b>\$17,078,848.08</b>
<b>\$ Annual Increase/Decrease</b>			<b>(\$669,011.28)</b>
<b>% Annual Increase/Decrease</b>			<b>-3.77%</b>

# Attachment Three



**PAYROLL/PERSONNEL  
BENEFITS RATE TABLE - MEDICAL INSURANCE RATES  
UPAY 555 (R11/02) R1440**

MEDICAL PLAN: PSBP Med HMO

A/D	TABLE	PLAN CODE	BUC	R E P	S H C	D U C	EFFECTIVE DATE
1	2 3	4 5	7 8	61 62	63 64	65	71
A	14	HI	PI	00			010107

SALARY BASE	
12	14

ENTRY 10 11	COVERAGE CODE	PREMIUM		CONTRIBUTION	
		15	20	21	26
01	U	224.44		224.44	
02	UA	538.67		538.67	
03	UC	392.78		392.78	
04	UAC	684.55		684.55	
05	M	000.000		000.000	
06	MM	000.000		000.000	
07	MMM	000.000		000.000	
08	MA	000.000		000.000	
09	MC	000.000		000.000	
10	MAC	000.000		000.000	
11	MMC	000.000		000.000	

SALARY BASE	
12	14

ENTRY 10 11	COVERAGE CODE	PREMIUM		CONTRIBUTION	
		15	20	21	26
01	U				
02	UA				
03	UC				
04	UAC				
05	M				
06	MM				
07	MMM				
08	MA				
09	MC				
10	MAC				
11	MMC				

The benefit rates are the same for all salary bands.

2007 Premium Rates

PREPARED BY:	DATE
APPROVED BY:	DATE

# Attachment Four



**PAYROLL/PERSONNEL  
BENEFITS RATE TABLE - MEDICAL INSURANCE RATES  
UPAY 555 (R11/02) R1440**

MEDICAL PLAN: **PSBP med PPO**

A/D	TABLE	PLAN CODE	BUC	R E P	S H C	D U C	EFFECTIVE DATE
1	2 3	4 5	7 8	61 62	63 64	65 66	71
A	14	HI	P2 00				010107

SALARY BASE	
12	14

SALARY BASE	
12	14

ENTRY	COVERAGE CODE	PREMIUM		CONTRIBUTION	
		15	20	21	26
01	U	287.65		257.65	
02	UA	690.35		630.35	
03	UC	503.39		443.39	
04	UAC	877.34		787.34	
05	M	000000		000000	
06	MM	000000		000000	
07	MMM	000000		000000	
08	MA	000000		000000	
09	MC	000000		000000	
10	MAC	000000		000000	
11	MMC	000000		000000	

ENTRY	COVERAGE CODE	PREMIUM		CONTRIBUTION	
		15	20	21	26
01	U				
02	UA				
03	UC				
04	UAC				
05	M				
06	MM				
07	MMM				
08	MA				
09	MC				
10	MAC				
11	MMC				

The benefit rates are the same for all salary bands.

2007 Premium Rates

PREPARED BY:	DATE
APPROVED BY:	DATE



Attachment five

PAYROLL/PERSONNEL

BENEFITS RATE TABLE - DENTAL INSURANCE RATES

UPAY551 (R11/02) R1440

DENTAL INSURANCE PLAN: PDS-HealthNet DHMO

A/D	TABLE	PLAN CODE	BUC	REP	SHC	DU C	EFFECTIVE DATE
1	2 3	4 5	7 8	61 62	63	64 65	66 71
A	14	DI	P3	00			010107

ENTRY	COVERAGE CODE	PREMIUM		CONTRIBUTION	
		15	20	21	26
01	U	11.19		11.19	
02	UA	20.14		20.14	
03	UC	21.26		21.26	
04	UAC	31.33		31.33	

No change to 2007 Premium Rates

PREPARED BY:	DATE
APPROVED BY:	DATE

Attachment Six



PAYROLL/PERSONNEL  
 BENEFITS RATE TABLE - DENTAL INSURANCE RATES  
 UPAY551 (R11/02) R1440

DENTAL INSURANCE PLAN: PDS - Principal PPO

A/D	TABLE	PLAN CODE	BUC	R E P	S H C	D U C	EFFECTIVE DATE
1	2 3	4 5	7 8	61 62	63	64 65	66 71
A	14	DI	P40P				010107

ENTRY 10 11	COVERAGE CODE	PREMIUM		CONTRIBUTION	
		15	20	21	26
01	U	27.34		27.34	
02	UA	56.42		56.42	
03	UC	62.89		62.89	
04	UAC	100.87		100.87	

No change to 2007 Premium rates

PREPARED BY:	DATE
APPROVED BY:	DATE



Attachment Seven

PAYROLL/PERSONNEL  
BENEFITS RATE TABLE - VISION INSURANCE RATES  
UPAY708 (R11/82) R1440

VISION INSURANCE PLAN *PSBP Vision HMO*

A/D	TABLE	PLAN CODE	BUC	R E P	S H C	D U C	EFFECTIVE DATE
1	2 3	4 5	7 8	61 62	63 64	65 66	71
<i>A</i>	<i>14</i>	<i>VI</i>	<i>X 90</i>				<i>010107</i>

*P5*

ENTRY	COVERAGE CODE	PREMIUM	CONTRIBUTION
10 11		15 20	21 26
<i>01</i>	<i>U</i>	<i>7.52</i>	<i>7.52</i>
<i>02</i>	<i>UA</i>	<i>11.98</i>	<i>11.98</i>
<i>03</i>	<i>UC</i>	<i>12.22</i>	<i>12.22</i>
<i>04</i>	<i>UAC</i>	<i>19.72</i>	<i>19.72</i>

*NO change to 2007 Premium rates*

PREPARED BY:	DATE
APPROVED BY:	DATE