

JULY 2008 - JUNE 2009

San Juan College - SONM

MONTHLY INSURANCE RATES - DOMESTIC PARTNER

<Post Tax>

DOMESTIC PARTNER ADULT ONLY

	TOTAL PREMIUM	Annualized Salary Less than \$50K		Annualized Salary \$50K to \$52,999K		Annualized Salary \$53K and Over	
		Employee 20%	State 80%	Employee 30%	State 70%	Employee 40%	State 60%
		Presbyterian	\$ 462.73	\$ 92.55	\$370.18	\$ 138.82	\$323.91
Lovelace	\$ 462.73	\$ 92.55	\$370.18	\$ 138.82	\$323.91	\$ 185.09	\$277.64
United Health Care	\$ 538.19	\$ 107.64	\$430.55	\$ 161.46	\$376.73	\$ 215.28	\$322.91
BCBS	\$ 538.19	\$ 107.64	\$430.55	\$ 161.46	\$376.73	\$ 215.28	\$322.91
Delta Dental	\$ 29.00	\$ 5.80	\$ 23.20	\$ 8.70	\$ 18.37	\$ 11.60	\$ 17.40
Vision Service Plan	\$ 4.78	\$ 0.96	\$ 3.82	\$ 1.43	\$ 3.35	\$ 1.91	\$ 2.87

DOMESTIC CHILD ONLY

	TOTAL PREMIUM	Annualized Salary Less than \$50K		Annualized Salary \$50K to \$52,999K		Annualized Salary \$53K and Over	
		Employee 20%	State 80%	Employee 30%	State 70%	Employee 40%	State 60%
		Presbyterian	\$ 148.07	\$ 29.61	\$118.46	\$ 44.42	\$103.65
Lovelace	\$ 148.07	\$ 29.61	\$118.46	\$ 44.42	\$103.65	\$ 59.23	\$ 88.84
United Health Care	\$ 172.23	\$ 34.45	\$137.78	\$ 51.67	\$120.56	\$ 68.89	\$103.34
BCBS	\$ 172.23	\$ 34.45	\$137.78	\$ 51.67	\$601.47	\$ 68.89	\$103.34
Delta Dental	\$ 29.00	\$ 5.80	\$ 23.20	\$ 8.70	\$ 20.30	\$ 11.60	\$ 17.40
Vision Service Plan	\$ 4.78	\$ 0.96	\$ 3.82	\$ 1.43	\$ 3.35	\$ 1.91	\$ 2.87

DOMESTIC PARTNER COMBINED WITH EMPLOYEE PLUS ONE CHILD

	TOTAL PREMIUM	Annualized Salary Less than \$50K		Annualized Salary \$50K to \$52,999K		Annualized Salary \$53K and Over	
		Employee 20%	State 80%	Employee 30%	State 70%	Employee 40%	State 60%
		Presbyterian	\$ 573.78	\$ 114.76	\$459.02	\$ 172.13	\$401.65
Lovelace	\$ 573.78	\$ 114.76	\$459.02	\$ 172.13	\$401.65	\$ 229.51	\$344.27
United Health Care	\$ 667.33	\$ 133.47	\$533.86	\$ 200.20	\$467.13	\$ 266.93	\$400.40
BCBS	\$ 667.33	\$ 133.47	\$533.86	\$ 200.20	\$467.13	\$ 266.93	\$400.40
Delta Dental	\$ 29.01	\$ 5.80	\$ 23.21	\$ 8.70	\$ 20.31	\$ 11.60	\$ 17.41
Vision Service Plan	\$ 4.79	\$ 0.96	\$ 3.83	\$ 1.44	\$ 3.35	\$ 1.92	\$ 2.87

DOMESTIC PARTNER PLUS MULTIPLE DEPENDENTS

	TOTAL PREMIUM	Annualized Salary Less than \$50K		Annualized Salary \$50K to \$52,999K		Annualized Salary \$53K and Over	
		Employee 20%	State 80%	Employee 30%	State 70%	Employee 40%	State 60%
		Presbyterian	\$ 721.85	\$ 144.37	\$577.48	\$ 216.56	\$505.30
Lovelace	\$ 721.85	\$ 144.37	\$577.48	\$ 216.56	\$505.30	\$ 288.74	\$433.11
United Health Care	\$ 839.56	\$ 167.91	\$671.65	\$ 251.87	\$587.69	\$ 335.82	\$503.74
BCBS	\$ 839.56	\$ 167.91	\$671.65	\$ 251.87	\$587.69	\$ 335.82	\$503.74
Delta Dental	\$ 58.01	\$ 11.60	\$ 46.41	\$ 17.40	\$ 40.61	\$ 23.20	\$ 34.81
Vision Service Plan	\$ 9.57	\$ 1.91	\$ 7.66	\$ 2.87	\$ 6.70	\$ 3.83	\$ 5.74