

2008 Schedule of Premiums

Group Health Insurance: Blue Cross & Blue Shield of Alabama

Website: www.bcbsal.org

Phone Number: 1.800.292.8868

TYPE OF COVERAGE	TOTAL MONTHLY PREMIUM	TOTAL BI-WEEKLY PREMIUM	UAH PAYS BI-WEEKLY	EMPLOYEE PAYS BI-WEEKLY
Single	\$ 337.00	\$ 155.54	\$ 136.55	\$ 19.00
Family (salary less than 20k)	\$ 794.00	\$ 366.46	\$ 298.45	\$ 68.00
Family (salary 20k – 40k)	\$ 794.00	\$ 366.46	\$ 255.95	\$ 110.50
Family (salary over 40k)	\$ 794.00	\$ 366.46	\$ 225.70	\$ 140.75

Group Dental Insurance: MetLife

Website: www.metlife.com/mybenefits

Phone Number: 1.800.GET.MET8

TYPE OF COVERAGE	MONTHLY PREMIUM	BI-WEEKLY PREMIUM
<i>Basic Plan</i>		
Single	\$ 18.22	\$ 8.41
Family	\$ 41.95	\$ 19.36
<i>Comprehensive Plan</i>		
Single	\$ 34.12	\$ 15.75
Family	\$ 78.60	\$ 36.28

Group Vision Insurance: VSP

Website: www.vsp.com/go/UAH

Phone Number: 1.800.877.7195

TYPE OF COVERAGE	MONTHLY PREMIUM	BI-WEEKLY PREMIUM
Single	\$ 5.96	\$ 2.75
Family	\$ 17.18	\$ 7.93

- NOTE:**
- Health and Dental premiums are paid from pre-tax dollars as allowed by Section 125 of the IRS code.
 - To calculate 9 month premiums multiply monthly premium times 12 for yearly premium and divide by 19 payroll checks.
 - Premiums are paid in advance for insurance coverage.

For more information about benefits, please go to www.uah.edu/admin/HR/Benefits or call 256.824.6640.