

2010 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	\$ 368.33	\$ 170.00	\$ 149.25	\$ 20.75
Family (salary less than 20k)	\$ 871.00	\$ 402.00	\$ 332.00	\$ 70.00
Family (salary 20k – 40k)	\$ 871.00	\$ 402.00	\$ 287.00	\$ 115.00
Family (salary over 40k)	\$ 871.00	\$ 402.00	\$ 255.50	\$ 146.50

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	\$ 18.86	\$ 8.70
Family	\$ 43.42	\$ 20.04
<i>Comprehensive Plan</i>		
Single	\$ 35.31	\$ 16.30
Family	\$ 81.35	\$ 37.54

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	\$ 7.67	\$ 3.54
Family	\$ 22.11	\$10.20

- 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.