

**ARIZONA BENEFITS OPTIONS PLANS
MEDICAL, DENTAL, VISION PREMIUMS**

MEDICAL

EPO Plan

	UA EMPLOYEE PREMIUM				Employer premium				Total monthly premium (Employee + Employer)	
	Current (through 12/31/10)		Eff. 1/1/11		Current (through 12/31/10)		Eff. 1/1/11		Current	Eff. 1/1/11
	Per Month	Per pay	Per Month	Per Pay	Per Month	Per pay	Per Month	Per pay	Per month	Per month
EE only	\$39	\$19.50	\$40	\$20.00	\$484	\$242.00	\$550	\$275.00	\$523	\$590
EE + adult	\$97	\$48.50	\$119	\$59.50	\$1,013	\$506.50	\$1,133	\$566.50	\$1,110	\$1,252
EE + child	\$79	\$39.50	\$101	\$50.50	\$967	\$483.50	\$1,078	\$539.00	\$1,046	\$1,179
Family	\$178	\$89.00	\$221	\$110.50	\$1,264	\$632.00	\$1,405	\$702.50	\$1,442	\$1,626

PPO Plan

	UA EMPLOYEE PREMIUM				Employer monthly premium				Total monthly premium (Employee + Employer)	
	Current (through 12/31/10)		Eff. 1/1/11		Current (through 12/31/10)		Eff. 1/1/11		Current	Eff. 1/1/11
	Per Month	Per pay	Per Month	Per Pay	Per Month	Per pay	Per Month	Per pay	Per month	Per month
EE only	\$154	\$77.00	\$155	\$77.50	\$641	\$320.50	\$741	\$370.50	\$795	\$896
EE + adult	\$328	\$164.00	\$350	\$175.00	\$1,318	\$659.00	\$1,506	\$753.00	\$1,646	\$1,856
EE + child	\$309	\$154.50	\$331	\$165.50	\$1,268	\$634.00	\$1,447	\$723.50	\$1,577	\$1,778
Family	\$443	\$221.50	\$486	\$243.00	\$1,699	\$849.50	\$1,929	\$964.50	\$2,142	\$2,415

Health Savings Account Option

	UA EMPLOYEE PREMIUM				Employer premium				Total monthly premium (Employee + Employer)	
	Current (through 12/31/10)		Eff. 1/1/11		Current (through 12/31/10)		Eff. 1/1/11		Current	Eff. 1/1/11
	Per Month	Per pay	Per Month	Per Pay	Per Month	Per pay	Per Month	Per pay	Per month	Per month
EE only	\$25	\$12.50	\$26	\$13.00	\$444	\$222.00	\$503	\$251.50	\$469	\$529
EE + adult	\$80	\$40.00	\$102	\$51.00	\$906	\$453.00	\$1,010	\$505.00	\$986	\$1,112
EE + child	\$59	\$29.50	\$81	\$40.50	\$879	\$439.50	\$977	\$488.50	\$938	\$1,058
Family	\$150	\$75.00	\$193	\$96.50	\$1,143	\$571.50	\$1,265	\$632.50	\$1,293	\$1,458

Employer contributions to the employee's Health Savings Account will remain unchanged at \$42/mo for employee only and \$83/mo for family

**ARIZONA DEPARTMENT OF ADMINISTRATION
ARIZONA BENEFITS OPTIONS PLANS MONTHLY PREMIUMS**

DENTAL

Delta Dental PPO

	UA EMPLOYEE PREMIUM				Employer premium				Total monthly premium (Employee + Employer)	
	Current (through 12/31/10)		Eff. 1/1/11		Current (through 12/31/10)		Eff. 1/1/11		Current	Eff. 1/1/11
	Per Month	Per pay	Per Month	Per Pay	Per Month	Per pay	Per Month	Per pay	Per month	Per month
EE only	\$29.86	\$14.93	\$30.98	\$15.49	\$4.96	\$2.48	\$4.96	\$2.48	\$34.82	\$35.94
EE + 1	\$67.93	\$33.97	\$70.88	\$35.44	\$9.92	\$4.96	\$9.92	\$4.96	\$77.85	\$80.79
Family	\$118.12	\$59.06	\$123.12	\$61.56	\$13.70	\$6.85	\$13.70	\$6.85	\$131.82	\$136.82

Total Dental Administrators HMO

	UA EMPLOYEE PREMIUM				Employer premium				Total monthly premium (Employee + Employer)	
	Current (through 12/31/10)		Eff. 1/1/11		Current (through 12/31/10)		Eff. 1/1/11		Current	Eff. 1/1/11
	Per Month	Per pay	Per Month	Per Pay	Per Month	Per pay	Per Month	Per pay	Per month	Per month
EE only	\$5.00	\$2.50	\$5.00	\$2.50	\$4.96	\$2.48	\$4.96	\$2.48	\$9.96	\$9.96
EE + 1	\$9.00	\$4.50	\$9.00	\$4.50	\$9.92	\$4.96	\$9.92	\$4.96	\$18.92	\$18.92
Family	\$14.00	\$7.00	\$14.00	\$7.00	\$13.70	\$6.85	\$13.70	\$6.85	\$27.70	\$27.70

VISION

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	UA EMPLOYEE PREMIUM			
	Current		Eff. 1/1/11	
	Per Month	Per pay	Per Month	Per Pay
EE only	\$4.84	\$2.42	\$4.84	\$2.42
EE + 1	\$13.52	\$6.76	\$13.52	\$6.76
Family	\$16.86	\$8.43	\$16.86	\$8.43