

**ARIZONA BENEFIT OPTIONS PLANS - MEDICAL, DENTAL, VISION PREMIUMS
2012 Plan Year**

MEDICAL

EPO Plan

| | UA Employee premium | | UA Employer premium | | Total premium |
|------------|---------------------|----------|---------------------|----------|---------------|
| | Per Month | Per Pay | Per Month | Per pay | Per month |
| EE only | \$40 | \$20.00 | \$550 | \$275.00 | \$590 |
| EE + adult | \$119 | \$59.50 | \$1,133 | \$566.50 | \$1,252 |
| EE + child | \$101 | \$50.50 | \$1,078 | \$539.00 | \$1,179 |
| Family | \$221 | \$110.50 | \$1,405 | \$702.50 | \$1,626 |

PPO Plan

| | UA Employee premium | | UA Employer premium | | Total premium |
|------------|---------------------|----------|---------------------|----------|---------------|
| | Per Month | Per Pay | Per Month | Per pay | Per month |
| EE only | \$155 | \$77.50 | \$741 | \$370.50 | \$896 |
| EE + adult | \$350 | \$175.00 | \$1,506 | \$753.00 | \$1,856 |
| EE + child | \$331 | \$165.50 | \$1,447 | \$723.50 | \$1,778 |
| Family | \$486 | \$243.00 | \$1,929 | \$964.50 | \$2,415 |

HSAO Plan

| | UA Employee premium | | UA Employer premium | | Total premium |
|------------|---------------------|---------|---------------------|----------|---------------|
| | Per Month | Per Pay | Per Month | Per pay | Per month |
| EE only | \$26 | \$13.00 | \$503 | \$251.50 | \$529 |
| EE + adult | \$102 | \$51.00 | \$1,010 | \$505.00 | \$1,112 |
| EE + child | \$81 | \$40.50 | \$977 | \$488.50 | \$1,058 |
| Family | \$193 | \$96.50 | \$1,265 | \$632.50 | \$1,458 |

Employer contributions to the employee's Health Savings Account: \$60/mo for employee only; \$120/mo for family

DENTAL

Delta Dental PPO

| | UA Employee premium | | UA Employer premium | | Total premium |
|----------|---------------------|---------|---------------------|---------|---------------|
| | Per Month | Per Pay | Per Month | Per pay | Per month |
| EE only | \$30.98 | \$15.49 | \$4.96 | \$2.48 | \$35.94 |
| EE + one | \$70.88 | \$35.44 | \$9.92 | \$4.96 | \$80.79 |
| Family | \$123.12 | \$61.56 | \$13.70 | \$6.85 | \$136.82 |

Total Dental Administrators HMO

| | UA Employee premium | | UA Employer premium | | Total premium |
|----------|---------------------|---------|---------------------|---------|---------------|
| | Per Month | Per Pay | Per Month | Per pay | Per month |
| EE only | \$5.00 | \$2.50 | \$4.96 | \$2.48 | \$9.96 |
| EE + one | \$9.00 | \$4.50 | \$9.92 | \$4.96 | \$18.92 |
| Family | \$14.00 | \$7.00 | \$13.70 | \$6.85 | \$27.70 |

VISION

Avesis

| | UA Employee premium | | UA Employer premium | | Total premium |
|----------|---------------------|---------|---------------------|---------|---------------|
| | Per Month | Per Pay | Per Month | Per pay | Per month |
| EE only | \$4.84 | \$2.42 | \$0.00 | \$0.00 | \$4.84 |
| EE + one | \$13.52 | \$6.76 | \$0.00 | \$0.00 | \$13.52 |
| Family | \$16.86 | \$8.43 | \$0.00 | \$0.00 | \$16.86 |