

**University of California – San Francisco**  
**Controller's Office**  
**Payroll**  
**July 17, 2009**

Michael Adams	Affirmative Action/Equal Opportunity
Leslie Aguayo	Dean's Office, School of Medicine
Deborah Brennan	Office of the Chancellor
Steve Downs	Development Office
Angela Hawkins	Budget and Resource Management
Michael Hindery	Dean's Office, School of Medicine
Shirley Hodges	Dean's Office, School of Dentistry
Meredith Jacobson	Langley Porter Psychiatric Institute
Cynthia Leathers	Academic Personnel
Erik Lium	Office of Sponsored Research
Karen Mah-Hing	Dean's Office, School of Nursing
Sylvia Molina	Office of the Executive Vice Chancellor
Susan Moore	UCSF Medical Center, Finance
Suzanne Murphy	Office of Research
Jocelyn Nakashige	Office of the Senior Vice Chancellor-Finance & Administration
Alexis Purcell	University Advancement and Planning
Diane Schlueter	Langley Porter Psychiatric Institute – Hospital and Clinics
Nancy Walters	Dean's Office, School of Pharmacy

The attached report is as of July 2009 and lists employer contribution rates, which appear as charges in the Distribution of Payroll Expense Report. Please note the attached is an updated chart, which replaces the one that was sent to you with a cover memo dated January 1, 2009.

Steven K. Engen  
Manager, Payroll Services

Attachments

cc:  
Cecilia Hamilton  
Larry Hickey  
Eric Vermillion  
Michael Villaneuva

**UCSF Employer Contribution Rates for Employee Benefits**  
**Appearing in the Distribution of Payroll Expense Report**

Effective July 1, 2009

<u>Employee Benefits - Computed as a Rate Per \$100 of Payroll</u>	Current Rate	Effective Date	Old Rate
UCRS - Regular and Coordinated with FICA	.00	11/90	4.03
UCRS - Safety	.00	11/90	3.77
Public Employees' Retirement System (PERS)	16.9170	7/09	16.5740
Unemployment Insurance - General Funds	.10	7/88	.10
Unemployment Insurance - Federal Funds	.10	7/89	.18
Unemployment Insurance - Hospital Funds	.10	7/89	.14
Unemployment Insurance - Other Funds	.30	7/93	.10
Workers' Compensation - General Funds	.74	7/09	.80
Workers' Compensation - Medical Center	2.55	7/09	2.68
Workers' Compensation - LPPI	3.55	7/09	3.29
Workers' Compensation - Other Funds	.74	7/09	.80
Employee Support - Rate Additive - All Funds	.29	7/09	.28
OPEB (Other Postemployment Benefits)	3.12	7/09	3.09
Benefits Administration Rate	.16	7/08	0.16
Staff Recognition and Development Plan (non-represented)	.89	7/07	.92
Incentive Award Plan (some represented groups)	.50	10/00	1.294
GAEL Assessment Rate*	.44	7/08	0.31
 <u>Employee Benefits - Computed as a Straight Percentage of Payroll</u>			
Social Security Tax**(Employer/Employee)	6.20	1/91	----
Medicare Tax**(Employer/Employee)	1.45	4/86	----
 <u>Employee Benefits - Dollar Amount Per Person</u>			
Life Insurance - Employer	4.34	1/07	4.82
UC Disability Insurance - Employer	6.71	1/09	6.13
CORE \$5,000 Life Insurance	0.47	1/96	0.52
Health Insurance Contribution	See Attached Chart		
Dental Insurance Contribution	See Attached Chart		
Vision Insurance Contribution	See Attached Chart		
Postdoctoral Scholar Benefit Plans	See Attached Chart		

\*The GAEL assessment is charged directly to the General Ledger; it is not reflected in the Distribution of Payroll Expense.

\*\*Effective January 1, 2009, the Social Security maximum wage base is \$106,800.00. There is no cap on the Medicare wage base.

# 2009

## UNIVERSITY OF CALIFORNIA MEDICAL PLANS: MONTHLY COST for 2009

FOR EMPLOYEES WITH FULL-TIME EQUIVALENT ANNUAL SALARY RATE OF:

	\$46,000 and under				\$46,001-\$92,000				\$92,001-\$137,000				\$137,001 and above			
<u>MEDICAL PLAN</u>	Self plus Self	Self plus Child(ren)	Self plus Adult	Self plus Family	Self plus Self	Self plus Child(ren)	Self plus Adult	Self plus Family	Self plus Self	Self plus Child(ren)	Self plus Adult	Self plus Family	Self plus Self	Self plus Child(ren)	Self plus Adult	Self plus Family
<b>Health Net</b>	<b>Health Net</b>				<b>Health Net</b>				<b>Health Net</b>				<b>Health Net</b>			
Gross Rates	431.92	777.46	907.03	1,252.57	431.92	777.46	907.03	1,252.57	431.92	777.46	907.03	1,252.57	431.92	777.46	907.03	1,252.57
UC Contribution	414.19	745.56	834.12	1,165.47	386.56	695.82	770.87	1,080.12	358.38	645.09	714.67	1,001.38	328.64	591.56	655.55	918.47
Net Employee Cost	17.73	31.90	72.91	87.10	45.36	81.64	136.16	172.45	73.54	132.37	192.36	251.19	103.28	185.90	251.48	334.10
<b>Kaiser Permanente-CA</b>	<b>Kaiser Permanente--CA</b>				<b>Kaiser Permanente--CA</b>				<b>Kaiser Permanente--CA</b>				<b>Kaiser Permanente--CA</b>			
Gross Rates	400.43	720.78	840.90	1,161.25	400.43	720.78	840.90	1,161.25	400.43	720.78	840.90	1,161.25	400.43	720.78	840.90	1,161.25
UC Contribution	394.37	710.49	829.91	1,145.77	366.53	660.37	766.18	1,059.77	338.10	609.19	709.49	980.34	307.58	554.26	648.82	895.26
Net Employee Cost	6.06	10.29	10.99	15.48	33.90	60.41	74.72	101.48	62.33	111.59	131.41	180.91	92.85	166.52	192.08	265.99
<b>Anthem Blue Cross PLUS</b>	<b>Anthem Blue Cross PLUS</b>				<b>Anthem Blue Cross PLUS</b>				<b>Anthem Blue Cross PLUS</b>				<b>Anthem Blue Cross PLUS</b>			
Gross Rates	445.26	801.47	935.04	1,291.26	445.26	801.47	935.04	1,291.26	445.26	801.47	935.04	1,291.26	445.26	801.47	935.04	1,291.26
UC Contribution	414.19	745.56	834.12	1,165.47	386.56	695.82	770.87	1,080.12	358.38	645.09	714.67	1,001.38	328.64	591.56	655.55	918.47
Net Employee Cost	31.07	55.91	100.92	125.79	58.70	105.65	164.17	211.14	86.88	156.38	220.37	289.88	116.62	209.91	279.49	372.79
<b>Anthem Blue Cross PPO</b>	<b>Anthem Blue Cross PPO</b>				<b>Anthem Blue Cross PPO</b>				<b>Anthem Blue Cross PPO</b>				<b>Anthem Blue Cross PPO</b>			
Gross Rates	441.50	794.70	927.15	1,280.35	441.50	794.70	927.15	1,280.35	441.50	794.70	927.15	1,280.35	441.50	794.70	927.15	1,280.35
UC Contribution	414.19	745.56	834.12	1,165.47	386.56	695.82	770.87	1,080.12	358.38	645.09	714.67	1,001.38	328.64	591.56	655.55	918.47
Net Employee Cost	27.31	49.14	93.03	114.88	54.94	98.88	156.28	200.23	83.12	149.61	212.48	278.97	112.86	203.14	271.60	361.88
<b>CIGNA Choice</b>	<b>CIGNA Choice</b>				<b>CIGNA Choice</b>				<b>CIGNA Choice</b>				<b>CIGNA Choice</b>			
Gross Rates	443.26	797.87	930.84	1,285.46	443.26	797.87	930.84	1,285.46	443.26	797.87	930.84	1,285.46	443.26	797.87	930.84	1,285.46
UC Contribution	414.19	745.56	834.12	1,165.47	386.56	695.82	770.87	1,080.12	358.38	645.09	714.67	1,001.38	328.64	591.56	655.55	918.47
Net Employee Cost	29.07	52.31	96.72	119.99	56.70	102.05	159.97	205.34	84.88	152.78	216.17	284.08	114.62	206.31	275.29	366.99
<b>Western Health Advantage</b>	<b>Western Health Advantage</b>				<b>Western Health Advantage</b>				<b>Western Health Advantage</b>				<b>Western Health Advantage</b>			
Gross Rates	390.19	702.35	819.40	1,131.55	390.19	702.35	819.40	1,131.55	390.19	702.35	819.40	1,131.55	390.19	702.35	819.40	1,131.55
UC Contribution	384.13	692.06	808.41	1,116.07	356.29	641.94	744.68	1,030.07	327.86	590.76	687.99	950.64	297.34	535.83	627.32	865.56
Net Employee Cost	6.06	10.29	10.99	15.48	33.90	60.41	74.72	101.48	62.33	111.59	131.41	180.91	92.85	166.52	192.08	265.99
<b>CORE Major Medical - CA</b>	<b>CORE Major Medical--CA</b>				<b>CORE Major Medical--CA</b>				<b>CORE Major Medical--CA</b>				<b>CORE Major Medical--CA</b>			
Gross Rates	50.00	90.00	106.00	146.00	50.00	90.00	106.00	146.00	50.00	90.00	106.00	146.00	50.00	90.00	106.00	146.00
UC Contribution	50.00	90.00	106.00	146.00	50.00	90.00	106.00	146.00	50.00	90.00	106.00	146.00	50.00	90.00	106.00	146.00
Net Employee Cost	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

# 2009

## UNIVERSITY OF CALIFORNIA MONTHLY COSTS FOR DENTAL/VISION/LEGAL PLANS 1/1/2009 - 12/31/2009

### DENTAL PLAN

#### Delta Dental PPO

	Single	Adult plus Child(ren)	Two Adults	Family
Gross Rates	41.49	84.71	77.94	138.69
UC Contribution	41.49	84.71	77.94	138.69
Net Employee Cost	0.00	0.00	0.00	0.00

#### DeltaCare USA

	Single	Adult plus Child(ren)	Two Adults	Family
Gross Rates	20.50	35.33	35.18	50.02
UC Contribution	20.50	35.33	35.18	50.02
Net Employee Cost	0.00	0.00	0.00	0.00

### VISION PLAN

#### VSP

	Single	Adult plus Child(ren)	Two Adults	Family
Gross Rates	13.45	13.45	13.45	13.45
UC Contribution	13.45	13.45	13.45	13.45
Net Employee Cost	0.00	0.00	0.00	0.00

### LEGAL PLAN

#### ARAG

	Single	Adult plus Child(ren)	Two Adults	Family
Gross Rates	10.02	13.78	13.78	15.03
UC Contribution	0.00	0.00	0.00	0.00
Net Employee Cost	10.02	13.78	13.78	15.03

**POSTDOCTORAL SCHOLAR BENEFIT PLANS**  
**2009 Monthly Rates, University Contributions, & Postdoctoral Scholar Contributions**  
**Effective July 1, 2009**

	Total Monthly Premium	UC Contribution for Postdoc Employees	Postdoc Employee Contribution	UC, Postdoc Fellow, & Postdoc Paid Direct Shares of Cost*	Required or Optional Participation
Medical HMO - Health Net				Variable.	Optional
Postdoc only	\$281.32	\$281.32	0	See cover page.	
Postdoc + child(ren)	\$492.33	\$492.33	0		
Postdoc + spouse	\$675.20	\$675.20	0		
Postdoc + spouse + child(ren)	\$858.05	\$858.05	0		
Medical PPO - Health Net				Variable, with	Optional
Postdoc only	\$286.21	\$256.21	\$30	the postdoc required	
Postdoc + child(ren)	\$500.87	\$440.87	\$60	to pay the employee	
Postdoc + spouse	\$686.90	\$626.90	\$60	contribution at	
Postdoc + spouse + child(ren)	\$872.95	\$782.95	\$90	a minimum.	
Dental PPO - Principal				Variable.	Optional
Postdoc only	\$25.15	\$25.15	0	See cover page.	
Postdoc + child(ren)	\$57.86	\$57.86	0		
Postdoc + spouse	\$51.90	\$51.90	0		
Postdoc + spouse + child(ren)	\$92.80	\$92.80	0		
Dental DHMO - Health Net				Variable.	Optional
Postdoc only	\$8.86	\$8.86	0	See cover page.	
Postdoc + child(ren)	\$16.83	\$16.83	0		
Postdoc + spouse	\$15.94	\$15.94	0		
Postdoc + spouse + child(ren)	\$24.80	\$24.80	0		
Vision PPO - Health Net				Variable.	Optional
Postdoc only	\$3.90	\$3.90	0	See cover page.	
Postdoc + child(ren)	\$7.25	\$7.25	0		
Postdoc + spouse	\$6.50	\$6.50	0		
Postdoc + spouse + child(ren)	\$11.10	\$11.10	0		
Life Insurance and AD&D \$50,000 Standard Insurance	\$3.15	\$3.15	0	100% paid by UC. See cover page.	Required
Short-Term Disability Standard Insurance	\$6.21	\$6.21	0	100% paid by UC. See cover page.	Required
Long-Term Disability Standard Insurance	\$5.39	\$0.00	\$5.39	100% paid by postdoc	Optional
Benefit Broker Fee Assessed for those with postdoc medical insurance	\$8.08	\$8.08	0	Variable. See cover page.	Required with medical insur.
UCSF Administrative Fee	\$8.08	\$8.08	0	Variable. See cover page.	Required
Workers Compensation Assessment Employees	A percent of salary depending on campus & fund source		0	100% paid by UC. See cover page.	Required
Fellows and Paid Directs	\$35.30	\$35.30	0	100% paid by UC.	Required

\* See cover page for detailed information.