

## JANUARY 1, 2005 BENEFIT PLAN COSTS

CARRIER	MONTHLY COST	PAID BY SMC MONTHLY	PAID BY SMC PER YEAR	PAID BY EMPLOYEE PER MONTH	PAID BY EMPLOYEE PER PAY
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### KAISER

Subscriber	\$ 368.17	\$ 368.17	\$ 4,418.04	\$ -	\$ -
Spouse/1st Dependent	\$ 659.20	\$ 515.00	\$ 6,180.00	\$ 149.20	\$ 72.10
Family	\$ 877.23	\$ 515.00	\$ 6,180.00	\$ 362.23	\$ 181.12

### HEALTH NET - HMO

Subscriber	\$ 392.08	\$ 392.08	\$ 4,704.96	\$ -	\$ -
Spouse/1st Dependent	\$ 702.02	\$ 515.00	\$ 6,180.00	\$ 187.02	\$ 93.51
Family	\$ 934.22	\$ 515.00	\$ 6,180.00	\$ 419.22	\$ 209.61

### HEALTH NET - POS

Subscriber	\$ 559.33	\$ 392.08	\$ 4,704.96	\$ 167.25	\$ 83.63
Spouse/1st Dependent	\$ 1,225.20	\$ 515.00	\$ 6,180.00	\$ 710.20	\$ 355.10
Family	\$ 1,539.92	\$ 515.00	\$ 6,180.00	\$ 1,024.92	\$ 512.46

### DELTA DENTAL

Subscriber	\$ 58.00	\$ 58.00	\$ 696.00	\$ -	\$ -
Spouse/1st Dependent	\$ 76.00	\$ 58.00	\$ 696.00	\$ 18.00	\$ 9.00
Family	\$ 106.00	\$ 58.00	\$ 696.00	\$ 48.00	\$ 24.00

### PMI DELTACARE

Subscriber	\$ 27.30	\$ 27.30	\$ 327.60	\$ -	\$ -
Spouse/1st Dependent	\$ 48.74	\$ 48.74	\$ 584.88	\$ -	\$ -
Family	\$ 72.83	\$ 48.74	\$ 584.88	\$ 24.09	\$ 12.04

### VISION SERVICE PLAN

Subscriber	\$ 8.68	\$ 8.68	\$ 104.16	\$ -	\$ -
Spouse/1st Dependent	\$ 13.50	\$ 8.68	\$ 104.16	\$ 4.82	\$ 2.41
Family	\$ 21.41	\$ 8.68	\$ 104.16	\$ 12.73	\$ 6.37

The above dependent rates are deducted on a pre-tax basis. Rates are based on full-time employment (faculty teaching 6 or more courses per year and staff working 1560 hours or more per year). Certain pro-rated benefits are available based on the percentage of full-time.

Benefits for full-time employees also include life insurance, long-term disability, travel assistance, employee assistance program, and retirement plan, all of which Saint Mary's College provides at no cost to the employee.