



**University of Toledo  
Health Science Campus  
2009 Monthly Premiums**

Effective January 1, 2009

12/15/2008 PM

Budgeted Hours	Level	Full Monthly Rate	Employer		Employee		Plus Domestic Partner Post Tax Per Pay*	Additional DP Taxable Income Per Pay**	COBRA Rates
			Per Month	Per Pay	Per Month	Per Pay			
<b>PARAMOUNT 3-TIER PLAN</b>									
Full-Time	Single	295.22	230.27	115.13	64.95	32.47	32.18	146.28	301.12
	Single + 1	587.78	458.47	229.24	129.31	64.66	30.78	139.93	599.54
	Family	867.65	676.76	338.38	190.88	95.44	30.78	139.93	885.00
Part-Time	Single	295.22	165.32	82.66	129.89	64.95	64.37	146.28	301.12
	Single + 1	587.78	329.16	164.58	258.63	129.31	61.57	139.93	599.54
	Family	867.65	485.88	242.94	381.76	190.88	61.57	139.93	885.00
<b>AETNA CDHP</b>									
Full-Time	Single	258.63	201.73	100.86	56.90	28.45	55.16	250.72	263.80
	Family	760.06	592.85	296.42	167.21	83.61	55.16	250.72	775.26
Part-Time	Single	258.63	144.83	72.42	113.80	56.90	110.31	250.72	263.80
	Family	760.06	425.63	212.82	334.43	167.21	110.31	250.72	775.26
<b>DENTAL</b>									
Full-Time	Single	13.27	13.27	0.00	0.00	0.00	0.00	10.36	13.54
	Single +1	33.99	33.99	0.00	0.00	0.00	0.00	8.09	34.67
	Family	50.18	41.23	0.00	0.00	0.00	0.00	8.09	51.18
Part-Time	Single	13.27	0.00	0.00	13.27	0.00	20.72	10.36	13.54
	Single +1	33.99	0.00	0.00	33.99	0.00	16.19	8.09	34.67
	Family	50.18	0.00	0.00	50.18	0.00	16.19	8.09	51.18
<b>VISION SERVICE PLAN</b>									
Full-Time	Single	10.85	6.00	0.00	4.85	0.00	0.00	0.00	11.07
	Single +1	10.85	6.00	0.00	4.85	0.00	0.00	0.00	11.07
	Family	10.85	6.00	0.00	4.85	0.00	0.00	0.00	11.07
Part-Time	Single	10.85	0.00	0.00	10.85	0.00	0.00	0.00	11.07
	Single +1	10.85	0.00	0.00	10.85	0.00	0.00	0.00	11.07
	Family	10.85	0.00	0.00	10.85	0.00	0.00	0.00	11.07
<b>PHARMACY</b>									
Full-Time	Single	89.18	89.18	0.00	0.00	0.00	0.00	0.00	90.96
	Single +1	89.18	89.18	0.00	0.00	0.00	0.00	0.00	90.96
	Family	89.18	89.18	0.00	0.00	0.00	0.00	0.00	90.96
Part-Time	Single	89.18	89.18	0.00	0.00	0.00	0.00	0.00	90.96
	Single +1	89.18	89.18	0.00	0.00	0.00	0.00	0.00	90.96
	Family	89.18	89.18	0.00	0.00	0.00	0.00	0.00	90.96

\* The University's contribution toward covering an employee's domestic partner and his or her children is the same as for covering a spouse and eligible children of the employee. However, you will pay more in taxes for covering a domestic partner and his or her children under the University's medical, dental, and/or vision plans than you would for covering a spouse and your own eligible dependent children.

- The Internal Revenue Code requires taxation on benefits for domestic partners and the domestic partners' dependents. This means:
  - The portion of the employee's contribution for domestic partner health benefit coverage must be deducted from the employee's pay on an after-tax basis.
  - The portion of the University's contribution for domestic partner health benefit coverage must be counted as taxable income to the employee.
- Be sure to factor in the additional taxes you will pay when calculating your total cost for domestic partner health plan coverage.

\*\* This amount has been determined to be the "fair market value" of the additional cost paid by the University when adding domestic partner coverage to your existing coverage under the pre-tax plan (for tax-qualified dependents). Under current law, this value for providing health coverage to a domestic partner and his or her child(ren) is considered taxable income to you. This is not a deduction from your paycheck; but additional income on which you will be taxed.