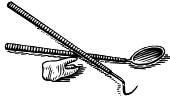


**SAINT JOSEPH'S UNIVERSITY**  
**2009 DENTAL AND VISION INSURANCE MONTHLY PREMIUMS**  
 RATES EFFECTIVE 11/1/09 - 10/31/10



	<u>Total</u>	<u>University Share</u>	<u>Employee Share</u>
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**Delta PPO Plus Premier**

EMPLOYEE	\$35.14	\$21.08	\$14.06
FAMILY	\$92.98	\$46.49	\$46.49

**DeltaCare DHMO (PA & NJ)**

EMPLOYEE	\$16.72	\$16.72	\$0.00
EMPLOYEE/DEPENDENT	\$31.77	\$31.77	\$0.00
FAMILY	\$50.19	\$50.19	\$0.00

**IBC Vision**



SINGLE	\$2.93	\$2.93	\$0.00
EMPLOYEE/CHILD	\$7.63	\$2.93	\$4.53
EMPLOYEE/CHILDREN	\$7.63	\$2.93	\$4.53
EMPLOYEE/SPOUSE	\$7.63	\$2.93	\$4.53
FAMILY	\$7.63	\$2.93	\$4.53

