

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



Total                      University Share                      Employee Share

**Personal Choice 20/30/70 PPO**  
**\$15/\$35/\$50 Select Drug Program**

SINGLE	\$604.34	\$529.34	\$75.00
EMPLOYEE/CHILD	\$1,183.17	\$983.20	\$199.97
EMPLOYEE/CHILDREN	\$1,299.98	\$983.20	\$316.78
EMPLOYEE/SPOUSE	\$1,520.42	\$983.20	\$537.22
FAMILY	\$1,637.38	\$983.20	\$654.18

**Personal Choice HDHP**  
**Integrated Drug Program \$5/\$20/\$45**

SINGLE	\$432.59	\$432.59	\$0.00
EMPLOYEE/CHILD	\$851.32	\$851.32	\$0.00
EMPLOYEE/CHILDREN	\$954.03	\$954.03	\$0.00
EMPLOYEE/SPOUSE	\$1,060.98	\$983.20	\$77.78
FAMILY	\$1,163.71	\$983.20	\$180.51

**Keystone Health Plan East Point of Service 15B**  
**\$10/\$20/\$35 Select Drug Program/\$100 Vision**

SINGLE	\$495.54	\$495.54	\$0.00
EMPLOYEE/CHILD	\$877.51	\$877.51	\$0.00
EMPLOYEE/CHILDREN	\$877.51	\$877.51	\$0.00
EMPLOYEE/SPOUSE	\$1,138.27	\$983.20	\$155.07
FAMILY	\$1,464.11	\$983.20	\$480.91

**Keystone Health Plan East HMO 15**  
**\$10/\$20/\$35 Select Drug Program/\$100 Vision**

SINGLE	\$475.39	\$475.39	\$0.00
EMPLOYEE/CHILD	\$841.81	\$841.81	\$0.00
EMPLOYEE/CHILDREN	\$841.81	\$841.81	\$0.00
EMPLOYEE/SPOUSE	\$1,091.97	\$983.20	\$108.77
FAMILY	\$1,404.56	\$983.20	\$421.36

**Keystone Health Plan East Direct Point of Service C2F2O2**  
**\$10/\$20/\$35 Select Drug Program/\$100 Vision**

SINGLE	\$459.38	\$459.38	\$0.00
EMPLOYEE/CHILD	\$813.48	\$813.48	\$0.00
EMPLOYEE/CHILDREN	\$813.48	\$813.48	\$0.00
EMPLOYEE/SPOUSE	\$1,055.23	\$983.20	\$72.03
FAMILY	\$1,357.34	\$983.20	\$374.14