

UC Premium Contribution Acknowledgment Form (PCAF)

Department and Postdoctoral Contributions for
Fellow (TC3253) and Paid Direct (TC3254) Scholars

2015 Premium Rates

This form is used ONLY to identify how much of the cost for medical, dental and vision coverage will be paid by the Department with the balance being paid by the Postdoc. The costs for the other benefit plans must be paid as shown. Cost sharing arrangements can only be made on a prospective basis; retroactive changes cannot be made.

Plan	Postdoc Only	Postdoc plus Partner	Postdoc plus Child(ren)	Postdoc plus Family	Amount Paid by Postdoc	Amount Paid by Department	Amount ³ Collected by Department
Health net HMO (Medical) ¹	\$508.10	\$1,219.54	\$889.25	\$1,549.81			
Health Net DHMO (Dental)	\$9.18	\$16.51	\$17.43	\$25.69			
Health Net PPO (Medical) ²	\$492.21	\$1,181.31	\$861.39	\$1,501.28			
Principal POS (Dental)	\$23.97	\$49.99	\$55.79	\$89.78			
Broker Fee	\$9.83	\$9.83	\$9.83	\$9.83			
Health Net PPO (Vision)	\$4.38	\$7.30	\$8.15	\$12.46			
Long Term Disability (LTD)	\$9.00	\$9.00	\$9.00	\$9.00			
Life Insurance & AD&D	\$3.15	\$3.15	\$3.15	\$3.15		\$3.15	
Short-term Disability (STD)	\$9.80	\$9.80	\$9.80	\$9.80		\$9.80	
Workers' Compensation	\$42.52	\$42.52	\$42.52	\$42.52		\$42.52	
				Sub-Total		\$55.47	
				TOTAL			
The cost sharing identified above remains in effect until changes in writing by the Faculty Mentor.							
Authorizations							
Faculty Mentor Signature			Faculty Mentor Name (please print)			Date	
Postdoctoral Scholar Signature			Postdoctoral Scholar Name (please print)			Date	
			UID Number				

¹ Postdoctoral Scholars who select the HMO medical are required to contribute at least \$10.16 per month for self-only coverage, \$36.59 per month for a partner, \$17.79 for child(ren) and \$46.49 per month for family coverage. This amount will be collected by Payroll or Garnett-Powers & Associates.

² Postdoctoral Scholars who select the PPO medical are required to contribute at least \$20 per month for self-only coverage, \$40 per month for a partner or child(ren) and \$60 per month for family coverage. This amount will be collected by Payroll or Garnett-Powers & Associates.

³ This is the amount the Postdoc is paying, minus the contribution amount from notation 1 or 2 above (whichever is applicable).