

UCSF Employer Contribution Rates for Employee Benefits
 Appearing in the Distribution of Payroll Expense Report

Effective January 2019

Employee Benefits - Computed as a Rate Per \$100 of Payroll	Current Rate	Effective Date	Old Rate
Public Employees' Retirement System (PERS)	29.396	7/18	28.423
Unemployment Insurance - General Funds	.18	7/18	.20
Unemployment Insurance - Federal Funds	.18	7/18	.20
Unemployment Insurance - UCSF Health	.03	7/17	.10
Unemployment Insurance - Other Funds	.18	7/18	.20
Workers' Compensation - General Funds	0.7	7/18	0.79
Workers' Compensation - Medical Center	1.86	7/18	1.84
Workers' Compensation - LPPH	1.41	7/18	1.48
Workers' Compensation - Other Funds	0.7	7/18	0.79
Employee Support - Rate Additive - All Funds	.31	7/18	.30
OPEB (Other Postemployment Benefits)	2.70	7/18	2.80
Benefits Administration Rate	.17	7/16	.17
Staff Recognition and Development Plan	.89	7/07	.92
Gael Assessment Rate*	.80	7/16	.78
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Employee Benefits - Computed as part of a standard formula			
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Vacation Leave Assessment Rate**			
Benefits w/ no Retirement	.117	7/18	.114
Benefits w/ Retirement w/o FICA	.186	7/18	.184
Benefits w/ Retirement w/o FICA - Safety	.323	7/18	.332
Benefits w/ Retirement & FICA	.321	7/18	.327
Utilization Factor	.88	12/18	.93
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Employee Benefits - Computed as a Straight Percentage of Payroll			
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Social Security Tax*** (Employer/Employee)	6.20	1/91	----
Medicare Tax*** (Employer/Employee)	1.45	4/86	----
UCRP Contribution	14.00	7/14	12.00
UCRP Supplemental Assessment - Principal*	1.05	7/18	----
UCRP Supplemental Assessment - Interest*	.65	7/18	----
2016 Ret Tier DB Supplement (Faculty)	5.00	7/16	----
2016 Ret Tier DB Supplement (Staff)	3.00	7/16	----
2016 Ret Tier DC Choice	8.00	7/16	----
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Employee Benefits - Dollar Amount Per Person			
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Life Insurance - Employer	4.34	1/07	4.82
UC Disability Insurance - Employer	8.04	1/17	6.71
CORE \$5,000 Life Insurance	.47	1/96	.52
Health Insurance Contribution			See Attached Chart
Dental Insurance Contribution			See Attached Chart
Vision Insurance Contribution			See Attached Chart
Postdoctoral Scholar Benefit Plans			See Attached Chart

* The GAEL and UCRP Supplemental assessments are charged directly to the General Ledger; they are not reflected in the Distribution of Payroll Expense.

** Assessment rates are used as input into the standard VLA formula.

*** For earnings in 2019, the Social Security maximum wage base is \$132,300. There is no cap on the Medicare wage base. Employee paid Medicare increases to 2.35% on wages over \$200K.

2019

UNIVERSITY OF CALIFORNIA MEDICAL PLAN MONTHLY COSTS																
FOR EMPLOYEES** WITH FULL TIME EQUIVALENT ANNUAL SALARY RATE OF:																
<u>MEDICAL PLAN</u>	\$56,000 and under				\$56,001-\$111,000				\$111,001-\$167,000				\$167,001 and above			
	Self	Self plus Children	Self plus Adult	Self plus Family	Self	Self plus Children	Self plus Adult	Self plus Family	Self	Self plus Children	Self plus Adult	Self plus Family	Self	Self plus Children	Self plus Adult	Self plus Family
<u>UC Blue & Gold (Health Net)</u>	UC Blue & Gold HMO (Health Net)				UC Blue & Gold HMO (Health Net)				UC Blue & Gold HMO (Health Net)				UC Blue & Gold HMO (Health Net)			
Gross Rates	755.70	1,360.26	1,586.97	2,191.53	755.70	1,360.26	1,586.97	2,191.53	755.70	1,360.26	1,586.97	2,191.53	755.70	1,360.26	1,586.97	2,191.53
UC Contribution	714.82	1,286.68	1,440.27	2,012.13	678.77	1,221.79	1,357.97	1,900.99	641.77	1,155.19	1,284.21	1,797.63	603.46	1,086.23	1,207.79	1,690.56
Net Employee Cost	40.88	73.58	146.70	179.40	76.93	138.47	229.00	290.54	113.93	205.07	302.76	393.90	152.24	274.03	379.18	500.97
<u>Kaiser Permanente-CA</u>	Kaiser Permanente--CA															
Gross Rates	567.52	1,021.54	1,191.79	1,645.81	567.52	1,021.54	1,191.79	1,645.81	567.52	1,021.54	1,191.79	1,645.81	567.52	1,021.54	1,191.79	1,645.81
UC Contribution	546.55	983.79	1,145.86	1,583.13	510.50	918.90	1,063.56	1,471.99	473.50	852.30	989.80	1,368.63	435.19	783.34	913.38	1,261.56
Net Employee Cost	20.97	37.75	45.93	62.68	57.02	102.64	128.23	173.82	94.02	169.24	201.99	277.18	132.33	238.20	278.41	384.25
<u>Health Savings Plan</u>	Health Savings Plan															
Gross Rates	493.10	887.58	1,035.51	1,429.99	493.10	887.58	1,035.51	1,429.99	493.10	887.58	1,035.51	1,429.99	493.10	887.58	1,035.51	1,429.99
UC Contribution	471.63	848.93	988.48	1,365.81	435.58	784.04	906.18	1,254.67	398.58	717.44	832.42	1,151.31	360.27	648.48	756.00	1,044.24
Net Employee Cost	21.47	38.65	47.03	64.18	57.52	103.54	129.33	175.32	94.52	170.14	203.09	278.68	132.83	239.10	279.51	385.75
<u>UC Care</u>	UC Care															
Gross Rates	1,017.45	1,831.41	2,136.65	2,950.61	1,017.45	1,831.41	2,136.65	2,950.61	1,017.45	1,831.41	2,136.65	2,950.61	1,017.45	1,831.41	2,136.65	2,950.61
UC Contribution	863.59	1,554.46	1,752.69	2,443.56	827.54	1,489.57	1,670.39	2,332.42	790.54	1,422.97	1,596.63	2,229.06	752.23	1,354.01	1,520.21	2,121.99
Net Employee Cost	153.86	276.95	383.96	507.05	189.91	341.84	466.26	618.19	226.91	408.44	540.02	721.55	265.22	477.40	616.44	828.62
<u>Western Health Advantage</u>	Western Health Advantage															
Gross Rates	762.27	1,372.09	1,600.77	2,210.59	762.27	1,372.09	1,600.77	2,210.59	762.27	1,372.09	1,600.77	2,210.59	762.27	1,372.09	1,600.77	2,210.59
UC Contribution	741.04	1,333.87	1,554.27	2,147.12	704.99	1,268.98	1,471.97	2,035.98	667.99	1,202.38	1,398.21	1,932.62	629.68	1,133.42	1,321.79	1,825.55
Net Employee Cost	21.23	38.22	46.50	63.47	57.28	103.11	128.80	174.61	94.28	169.71	202.56	277.97	132.59	238.67	278.98	385.04
<u>CORE</u>	CORE															
Gross Rates	218.86	393.95	459.61	634.70	218.86	393.95	459.61	634.70	218.86	393.95	459.61	634.70	218.86	393.95	459.61	634.70
UC Contribution	218.86	393.95	459.61	634.70	218.86	393.95	459.61	634.70	218.86	393.95	459.61	634.70	218.86	393.95	459.61	634.70
Net Employee Cost	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

** Rates reflected are for non-represented employees. Rates for union-represented employees are subject to collective bargaining as appropriate.

POSTDOCTORAL SCHOLAR BENEFIT PLANS
2019 Monthly Rates, University Contributions,
& Postdoctoral Scholar Contributions

Effective January 1, 2019

	Total Monthly Premium	UC Contribution for Postdoc	Postdoc Contribution
Medical HMO - Health Net, Group Number 66700A			
Postdoc only	\$523.85	\$513.37	\$ 10.48
Postdoc + child(ren)	\$916.82	\$898.48	\$ 18.34
Postdoc + partner	\$1,257.35	\$1,219.63	\$ 37.72
Postdoc + partner + child(ren)	\$1,597.86	\$1,549.92	\$ 47.94
Medical PPO - Health Net, Group Number N2982A			
Postdoc only	\$480.93	\$460.93	\$ 20.00
Postdoc + child(ren)	\$841.64	\$801.64	\$ 40.00
Postdoc + partner	\$1,154.22	\$1,114.22	\$ 40.00
Postdoc + partner + child(ren)	\$1,466.85	\$1,406.85	\$ 60.00
Dental POS - Principal, Group Number H12843			
Postdoc only	\$22.97	\$22.97	\$ -
Postdoc + child(ren)	\$53.46	\$53.46	\$ -
Postdoc + partner	\$47.91	\$47.91	\$ -
Postdoc + partner + child(ren)	\$86.03	\$86.03	\$ -
Dental DHMO - Health Net, Group Number Z0059A			
Postdoc only	\$7.39	\$7.39	\$ -
Postdoc + child(ren)	\$14.04	\$14.04	\$ -
Postdoc + partner	\$13.30	\$13.30	\$ -
Postdoc + partner + child(ren)	\$20.69	\$20.69	\$ -
Vision PPO - Health Net, Group Number Z0074A			
Postdoc only	\$4.00	\$4.00	\$ -
Postdoc + child(ren)	\$7.45	\$7.45	\$ -
Postdoc + partner	\$6.68	\$6.68	\$ -
Postdoc + partner + child(ren)	\$11.40	\$11.40	\$ -
Life Insurance and AD&D \$50,000	\$2.80	\$2.80	\$ -
Standard Insurance, Group Number 643383			
Short-Term Disability	\$9.80	\$9.80	\$ -
Standard Insurance, Group Number 643383			
Long-Term Disability	\$8.55	\$0.00	\$ 8.55
Standard Insurance, Group Number 643383			
Benefit Broker Fee	\$9.83	\$9.83	\$ -
Assessed for those with postdoc medical insurance			
Workers Compensation Assessment			
Employees	A percent of salary depending on campus & fund source		\$ -
Fellows and Paid Directs	\$50.47	\$50.47	\$ -

2019
University of California
Monthly Costs for Dental/Vision/Legal Plans
01/01/2019 - 12/31/2019

Dental Plan

Dental PPO

	Single	Adult Plus Child(ren)	Two Adults	Family
Gross Rates	42.73	76.91	89.73	123.91
UC Contribution	42.73	76.91	89.73	123.91
Net Employee Cost	0.00	0.00	0.00	0.00

DeltaCare USA

	Single	Adult Plus Child(ren)	Two Adults	Family
Gross Rates	16.69	30.03	35.04	48.38
UC Contribution	16.69	30.03	35.04	48.38
Net Employee Cost	0.00	0.00	0.00	0.00

Vision Plan

Vision Service Plan (VSP)

	Single	Adult Plus Child(ren)	Two Adults	Family
Gross Rates	12.75	12.75	12.75	12.75
UC Contribution	12.75	12.75	12.75	12.75
Net Employee Cost	0.00	0.00	0.00	0.00

Legal Plan

ARAG

	Single	Adult Plus Child(ren)	Two Adults	Family
Gross Rates	10.87	14.95	14.95	16.31
UC Contribution	0.00	0.00	0.00	0.00
Net Employee Cost	10.87	14.95	14.95	16.31

Disability/Life

	Per Employee Per Month
Short-Term Disability	8.04
Basic Life Insurance	4.34
Core - \$5,000 Life Insurance	0.47