

Health Coverage Premiums

**Foreign Visiting Scholar
7/1/11 through 6/30/12**

	<u>AMERIHEALTH</u>		<u>AETNA</u>
Plan Name:	<u>KEYSTONE</u>	<u>PENNCARE</u>	<u>CHOICE</u>
			<u>POS II</u>
Plan Code:	A/K	M	

A Single Coverage

(Grant pays premium)

-Monthly Full Cost	445.07	481.51	446.25
-Monthly Post Doc Cost	0.00	0.00	0.00
-Monthly Grant Cost	445.07	481.51	446.25
-Monthly Dept Cost	0.00	0.00	0.00

B & C Emp. + Spouse

(Grant pays single premium/
Visiting Scholar/Dept pays
difference)

-Monthly Full Cost	1,068.16	1,155.62	1,070.99
-Monthly Dept./ Post Doc Cost	623.09	674.11	624.74
-Monthly Grant Cost	445.07	481.51	446.25

B & C Emp. + Child (ren)

(Grant pays single premium/
Visiting Scholar/Dept pays
difference)

-Monthly Full Cost	756.61	818.56	758.62
-Monthly Dept./ Post Doc Cost	311.54	337.05	312.37
-Monthly Grant Cost	445.07	481.51	446.25

B & C Emp. + Family

(Grant pays single premium/
Visiting Scholar/Dept. pays
difference)

-Monthly Full Cost	1,335.20	1,444.52	1,338.74
-Monthly Dept./Post Doc Cost	890.13	963.01	892.49
-Monthly Grant Cost	445.07	481.51	446.25

A & D Emp. + Spouse

(Grant pays premium)

-Monthly Full Cost	1,068.16	1,155.62	1,070.99
-Monthly Post Doc Cost			
-Monthly Grant Cost	1,068.16	1,155.62	1,070.99
-Monthly Dept Cost	0.00	0.00	0.00

A & D Emp. + Child (ren)

(Grant pays premium)

-Monthly Full Cost	756.61	818.56	758.62
-Monthly Post Doc Cost	0.00	0.00	0.00
-Monthly Grant Cost	756.61	818.56	758.62
-Monthly Dept Cost	0.00	0.00	0.00

A & D Emp. + Family

(Grant pays premium)

-Monthly Full Cost	1,335.20	1,444.52	1,338.74
-Monthly Post Doc Cost	0.00	0.00	0.00
-Monthly Grant Cost	1,335.20	1,444.52	1,338.74
-Monthly Dept Cost	0.00	0.00	0.00