

Health Coverage Premiums

**Foreign Visiting Scholar
7/1/09 through 6/30/10**

Plan Name:	<u>AMERIHEALTH</u>		<u>AMERIHEALTH</u>		
	<u>KEYSTONE</u>	<u>PENNCARE</u>	<u>UPHS POS</u>	<u>AETNA US</u>	
Plan Code:	A/K	M	B/U	D/E/F	
A Single Coverage					
(Grant pays premium)	-Monthly Full Cost	394.54	448.81	437.01	377.69
	-Monthly Post Doc Cost	0.00	0.00	0.00	0.00
	-Monthly Grant Cost	394.54	448.81	437.01	377.69
	-Monthly Dept Cost	0.00	0.00	0.00	0.00
B EE + 1					
(Grant pays single premium/ Dept pays difference)	-Monthly Full Cost	907.45	1,032.27	1,005.12	868.69
	-Monthly Post Doc Cost	0.00	0.00	0.00	0.00
	-Monthly Grant Cost	394.54	448.81	437.01	377.69
	-Monthly Dept Cost	512.91	583.46	568.11	491.00
B EE + 2 or more					
(Grant pays single premium/ Dept pays difference)	-Monthly Full Cost	1,144.18	1,301.55	1,267.33	1,095.31
	-Monthly Post Doc Cost	0.00	0.00	0.00	0.00
	-Monthly Grant Cost	394.54	448.81	437.01	377.69
	-Monthly Dept Cost	749.64	852.74	830.32	717.62
C EE + 1					
(Grant pays single premium/ Visiting Scholar pays difference)	-Monthly Full Cost	907.45	1,032.27	1,005.12	868.69
	-Monthly Post Doc Cost	512.91	583.46	568.11	491.00
	-Monthly Grant Cost	394.54	448.81	437.01	377.69
	-Monthly Dept Cost	0.00	0.00	0.00	0.00
C EE + 2 or more					
(Grant pays single premium/ Post Doc pays difference)	-Monthly Full Cost	1,144.18	1,301.55	1,267.33	1,095.31
	-Monthly Post Doc Cost	749.64	852.74	830.32	717.62
	-Monthly Grant Cost	394.54	448.81	437.01	377.69
	-Monthly Dept Cost	0.00	0.00	0.00	0.00
D EE + 1					
(Grant pays premium)	-Monthly Full Cost	907.45	1,032.27	1,005.12	868.69
	-Monthly Post Doc Cost	0.00	0.00	0.00	0.00
	-Monthly Grant Cost	907.45	1,032.27	1,005.12	868.69
	-Monthly Dept Cost	0.00	0.00	0.00	0.00
D EE + 2					
(Grant pays premium)	-Monthly Full Cost	1,144.18	1,301.55	1,267.33	1,095.31
	-Monthly Post Doc Cost	0.00	0.00	0.00	0.00
	-Monthly Grant Cost	1,144.18	1,301.55	1,267.33	1,095.31
	-Monthly Dept Cost	0.00	0.00	0.00	0.00