

UNIVERSITY OF PITTSBURGH HEALTH CARE INSURANCE PLANS FOR

School of Medicine Students with Eligible Registrations

School of Dental Medicine Graduate Students with Eligible Registrations

School of Nursing Graduate Students with Eligible Registrations

**SCHEDULE OF MONTHLY RATES FOR INSURANCE PLAN YEAR
SEPTEMBER 1, 2007 THROUGH AUGUST 31, 2008**

MEDICAL

UPMC HEALTH PLAN

	Individual	Parent/Child	Parent/Children	Spouse	Family
Preferred Provider Organization (PPO) 006169-xxxx	\$223.01	\$433.54	\$472.97	\$433.54	\$472.97

VISION

DAVIS MANAGED CARE VISION PLAN

	Individual	Parent/Child	Parent/Children	Spouse	Family
Davis 80751-xx	\$3.89	\$7.81	\$9.35	\$7.81	\$9.35

DENTAL

UNITED CONCORDIA DENTAL SUBSIDIARY OF HIGHMARK BLUE CROSS BLUE SHIELD

	Individual	Parent/Child	Parent/Children	Spouse	Family
ConcordiaPLUS Basic 253212-xxx	\$9.55	\$18.45	\$26.81	\$18.45	\$26.81
ConcordiaPLUS Premier 253212-xxx	\$11.87	\$24.28	\$35.98	\$24.28	\$35.98

Prepared by Human Resources Benefits Department
June, 2007

6/27/2007