

**PATHWAYS Your Employee Benefits Program**

| <b>Villanova University<br/>2009-2010 Group Benefit Plan Rates</b> |                  |                         |                                       |                      |                |
|--|------------------|-------------------------|---------------------------------------|----------------------|----------------|
|  | Employee<br>Only | Employee &<br>One Child | Employee &<br>Two or<br>More Children | Employee &<br>Spouse | Full<br>Family |
| <b>Total Monthly Premium</b>                                       |                  |                         |                                       |                      |                |
| <i>Keystone Flex HMO (\$10/\$20 copay)</i>                         | \$398.62         | \$672.39                | \$794.85                              | \$855.44             | \$1,143.32     |
| <i>Keystone Direct Point-of-Service (POS) (\$15/\$20 copay)</i>    | \$474.32         | \$787.07                | \$967.17                              | \$1,033.65           | \$1,369.93     |
| <i>Personal Choice Flex PPO (\$15/\$25 copay)</i>                  | \$554.51         | \$856.58                | \$1,227.42                            | \$1,282.02           | \$1,643.78     |
| <i>Delta Dental - USA</i>  | \$33.84          | \$58.39                 | \$90.94                               | \$58.39              | \$90.94        |
| <b>12 Month Employee Contribution</b>                              |                  |                         |                                       |                      |                |
| <i>Keystone Flex HMO (\$10/\$20 copay)</i>                         | \$ 79.72         | \$215.16                | \$254.35                              | \$273.74             | \$365.86       |
| <i>Keystone Direct Point-of-Service (POS) (\$15/\$20 copay)</i>    | \$118.58         | \$299.09                | \$367.52                              | \$392.79             | \$520.57       |
| <i>Personal Choice Flex PPO (\$15/\$25 copay)</i>                  | \$138.63         | \$325.50                | \$466.42                              | \$487.17             | \$624.64       |
| <i>Delta Dental - USA</i>  | \$ 5.00          | \$10.00                 | \$20.00                               | \$10.00              | \$20.00        |
| <b>9 Month Employee Contribution</b>                               |                  |                         |                                       |                      |                |
| <i>Keystone Flex HMO (\$10/\$20 copay)</i>                         | \$106.29         | \$286.88                | \$339.13                              | \$364.99             | \$487.81       |
| <i>Keystone Direct Point-of-Service (POS) (\$15/\$20 copay)</i>    | \$158.11         | \$398.79                | \$490.03                              | \$523.72             | \$694.09       |
| <i>Personal Choice Flex PPO (\$15/\$25 copay)</i>                  | \$184.84         | \$434.00                | \$621.89                              | \$649.56             | \$832.85       |
| <i>Delta Dental - USA</i>  | \$ 6.67          | \$13.33                 | \$26.67                               | \$13.33              | \$26.67        |
| <b>10 Month Employee Contribution*</b>                             |                  |                         |                                       |                      |                |
| <i>Keystone Flex HMO (\$10/\$20 copay)</i>                         | \$95.66          | \$258.19                | \$305.22                              | \$328.49             | \$439.03       |
| <i>Keystone Direct Point-of-Service (POS) (\$15/\$20 copay)</i>    | \$142.30         | \$358.91                | \$441.02                              | \$471.35             | \$624.68       |
| <i>Personal Choice Flex PPO (\$15/\$25 copay)</i>                  | \$166.36         | \$390.60                | \$559.70                              | \$584.60             | \$749.57       |
| <i>Delta Dental - USA</i>  | \$6.00           | \$12.00                 | \$24.00                               | \$12.00              | \$24.00        |

\* 10 Month Rates are for Law School Faculty only.