

PPP5623/PPP562 /020105
RETN: SEE RPTS DISP SCHEDULE/DIST.

UNIVERSITY OF CALIFORNIA-SYSTEMWIDE
PAYROLL PROCESSING
SELF-BILLING STATEMENT

PAGE NO. 000001
RUN DATE 11/30/16

PLAN CODE: D1 Delta Dental PPO

COVERAGE PERIOD: SEPTEMBER 2016

COVERAGE	EMPLOYEES	PREMIUM RATE	PREMIUM PAID
Self	311	42.24	13136.64
W/Adult	44	79.15	3482.60
W/Childrn	26	86.87	2258.62
Family	31	141.86	4397.66
ADJUSTMENTS	622	42.24	26273.28
	87	79.15	6886.05
	52	86.87	4517.24
	62	141.86	8795.32
COVERAGE TOTAL	412	PREMIUMS	23275.52
	823	ADJUSTMENTS	46471.89
TOTAL TRANSACTIONS	1235		69747.41

PLAN CODE: D3 DeltaCare USA

COVERAGE PERIOD: SEPTEMBER 2016

COVERAGE	EMPLOYEES	PREMIUM RATE	PREMIUM PAID
Self	38	19.88	755.44
W/Adult	20	34.11	682.20
W/Childrn	12	34.66	415.92
Family	25	48.90	1222.50
ADJUSTMENTS	76	19.88	1510.88
	40	34.11	1364.40
	24	34.66	831.84
	50	48.90	2445.00
COVERAGE TOTAL	95	PREMIUMS	3076.06
	190	ADJUSTMENTS	6152.12
TOTAL TRANSACTIONS	285		9228.18

PLAN CODE: P3 PSBP Dental HMO

COVERAGE PERIOD: SEPTEMBER 2016

COVERAGE	EMPLOYEES	PREMIUM RATE	PREMIUM PAID
Self	1	9.16	9.16
W/Adult	2	16.48	32.96
W/Childrn	3	17.40	52.20
Family	9	25.64	230.76
ADJUSTMENTS	2	9.16	18.32
	4	16.48	65.92
	6	17.40	104.40
	18	25.64	461.52
COVERAGE TOTAL	15	PREMIUMS	325.08
	30	ADJUSTMENTS	650.16
TOTAL TRANSACTIONS	45		975.24

PLAN CODE: P4 PSBP Dental PPO

COVERAGE PERIOD: SEPTEMBER 2016

COVERAGE	EMPLOYEES	PREMIUM RATE	PREMIUM PAID
Self	3	23.97	71.91
W/Adult	2	49.99	99.98
Family	3	89.78	269.34
ADJUSTMENTS	6	23.97	143.82
	4	49.99	199.96
	6	89.78	538.68
COVERAGE TOTAL	8	PREMIUMS	441.23
	16	ADJUSTMENTS	882.46
TOTAL TRANSACTIONS	24		1323.69

PLAN CODE: J2 ARAG Legal Plan

COVERAGE PERIOD: SEPTEMBER 2016

COVERAGE	EMPLOYEES	PREMIUM RATE	PREMIUM PAID
Self	162	10.02	1623.24
W/Adult	34	13.78	468.52
W/Childrn	31	13.78	427.18
Family	34	15.03	511.02
ADJUSTMENTS	324	10.02	3246.48
	130	13.78	1791.40
	68	15.03	1022.04
COVERAGE TOTAL	261	PREMIUMS	3029.96
	522	ADJUSTMENTS	6059.92
TOTAL TRANSACTIONS	783		9089.88

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PLAN CODE: BL BC Lumenos PPO-HRA

COVERAGE PERIOD: SEPTEMBER 2016

COVERAGE	EMPLOYEES	PREMIUM RATE	PREMIUM PAID
Self	1	488.18	488.18
ADJUSTMENTS	2	488.18	976.36
COVERAGE TOTAL	1	PREMIUMS	488.18
	2	ADJUSTMENTS	976.36
TOTAL TRANSACTIONS	3		1464.54

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PLAN CODE: CM CORE Medical

COVERAGE PERIOD: SEPTEMBER 2016

COVERAGE	EMPLOYEES	PREMIUM RATE	PREMIUM PAID
Self	195	235.87	45499.14
W/Adult	7	495.33	2773.59
W/Childrn	8	424.57	3396.56
Family	7	684.02	4788.14
W/Adult	1	0.00	0.00
ADJUSTMENTS	6	70.70	424.20
	4	148.47	593.88
	384	235.87	90574.08
	16	424.57	6793.12
	10	495.33	4953.30
	14	684.02	9576.28
COVERAGE TOTAL	218	PREMIUMS	56457.43
	434	ADJUSTMENTS	112914.86
TOTAL TRANSACTIONS	652		169372.29

PLAN CODE: HB HN Blue&Gold HMO

COVERAGE PERIOD: SEPTEMBER 2016

COVERAGE	EMPLOYEES	PREMIUM RATE	PREMIUM PAID
Self	51	670.59	34200.09
W/Adult	15	1408.24	20802.55
W/Childrn	8	1207.06	9656.48
Family	13	1944.70	24837.76
ADJUSTMENTS	102	670.59	68400.18
	2	1087.19	2174.38
	16	1207.06	19312.96
	28	1408.24	39430.72
	2	1501.36	3002.72
	24	1944.70	46672.80
COVERAGE TOTAL	87	PREMIUMS	89496.88
	174	ADJUSTMENTS	178993.76
TOTAL TRANSACTIONS	261		268490.64

PLAN CODE: KN Kaiser North

COVERAGE PERIOD: SEPTEMBER 2016

COVERAGE	EMPLOYEES	PREMIUM RATE	PREMIUM PAID
Self	67	586.86	39319.62
W/Adult	14	1232.41	17253.74
W/Childrn	8	1056.34	8450.72
Family	8	1701.89	13615.12
ADJUSTMENTS	134	586.86	78639.24
	16	1056.34	16901.44
	28	1232.41	34507.48
	16	1701.89	27230.24
COVERAGE TOTAL	97	PREMIUMS	78639.20
	194	ADJUSTMENTS	157278.40
TOTAL TRANSACTIONS	291		235917.60

PLAN CODE: KS Kaiser South

COVERAGE PERIOD: SEPTEMBER 2016

COVERAGE	EMPLOYEES	PREMIUM RATE	PREMIUM PAID
Self	12	586.86	7042.32
W/Adult	4	1232.41	4929.64
W/Childrn	5	1056.34	5281.70
Family	4	1701.89	6455.45
ADJUSTMENTS	24	586.86	14084.64
	10	1056.34	10563.40
	8	1232.41	9859.28
	2	1349.78	2699.56
	6	1701.89	10211.34
COVERAGE TOTAL	25	PREMIUMS	23709.11
	50	ADJUSTMENTS	47418.22
TOTAL TRANSACTIONS	75		71127.33

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PLAN CODE: KU Kaiser Umbrella

COVERAGE PERIOD: SEPTEMBER 2016

COVERAGE	EMPLOYEES	PREMIUM RATE	PREMIUM PAID
W/Adult	3	1461.08	4383.24
Family	2	2017.68	4035.36
ADJUSTMENTS	6	1461.08	8766.48
	4	2017.68	8070.72
COVERAGE TOTAL	5	PREMIUMS	8418.60
	10	ADJUSTMENTS	16837.20
TOTAL TRANSACTIONS	15		25255.80

PLAN CODE: P1 PSBP Med HMO

COVERAGE PERIOD: SEPTEMBER 2016

COVERAGE	EMPLOYEES	PREMIUM RATE	PREMIUM PAID
Self	3	488.18	1464.54
W/Adult	2	1171.73	2343.46
W/Childrn	3	854.39	2563.17
Family	8	1489.06	11912.48
ADJUSTMENTS	6	488.18	2929.08
	6	854.39	5126.34
	4	1171.73	4686.92
	16	1489.06	23824.96
COVERAGE TOTAL	16	PREMIUMS	18283.65
	32	ADJUSTMENTS	36567.30
TOTAL TRANSACTIONS	48		54850.95

PLAN CODE: P2 PSBP Med PPO

COVERAGE PERIOD: SEPTEMBER 2016

COVERAGE	EMPLOYEES	PREMIUM RATE	PREMIUM PAID
Self	4	535.33	2141.32
W/Adult	2	1284.79	2569.58
Family	4	1632.79	6531.16
ADJUSTMENTS	8	535.33	4282.64
	4	1284.79	5139.16
	8	1632.79	13062.32
COVERAGE TOTAL	10	PREMIUMS	11242.06
	20	ADJUSTMENTS	22484.12
TOTAL TRANSACTIONS	30		33726.18

PLAN CODE: SP Blu Shld Hlth Sav

COVERAGE PERIOD: SEPTEMBER 2016

COVERAGE	EMPLOYEES	PREMIUM RATE	PREMIUM PAID
Self	2	624.78	1249.56
W/Adult	2	1312.02	2624.04
Family	5	1811.85	9059.25
ADJUSTMENTS	4	624.78	2499.12
	4	1312.02	5248.08
	10	1811.85	18118.50
COVERAGE TOTAL	9	PREMIUMS	12932.85
	18	ADJUSTMENTS	25865.70
TOTAL TRANSACTIONS	27		38798.55

PLAN CODE: SU UC Care

COVERAGE PERIOD: SEPTEMBER 2016

COVERAGE	EMPLOYEES	PREMIUM RATE	PREMIUM PAID
Self	40	751.67	30066.80
W/Adult	19	1578.52	29991.88
W/Childrn	7	1353.01	9471.07
Family	16	2179.85	34877.60
ADJUSTMENTS	80	751.67	60133.60
	14	1353.01	18942.14
	37	1578.52	58405.24
	32	2179.85	69755.20
COVERAGE TOTAL	82	PREMIUMS	104407.35
	163	ADJUSTMENTS	207236.18
TOTAL TRANSACTIONS	245		311643.53

PLAN CODE: WH Western Health Adv

COVERAGE PERIOD: SEPTEMBER 2016

COVERAGE	EMPLOYEES	PREMIUM RATE	PREMIUM PAID
Self	15	577.81	8667.15
W/Adult	6	1213.41	7030.15
W/Childrn	2	1040.06	2080.12
Family	10	1330.00	16065.20
ADJUSTMENTS	30	577.81	17334.30
	2	963.10	1926.20
	4	1040.06	4160.24
	10	1213.41	12134.10
	4	1330.00	5320.00
	16	1675.65	26810.40
COVERAGE TOTAL	33	PREMIUMS	33842.62
	66	ADJUSTMENTS	67685.24
TOTAL TRANSACTIONS	99		101527.86

PLAN CODE: P5 PSBP Vision

COVERAGE PERIOD: SEPTEMBER 2016

COVERAGE	EMPLOYEES	PREMIUM RATE	PREMIUM PAID
Self	6	4.10	24.60
W/Adult	4	6.84	27.36
W/Childrn	3	7.63	22.89
Family	12	11.67	140.04
ADJUSTMENTS	12	4.10	49.20
	8	6.84	54.72
	6	7.63	45.78
	24	11.67	280.08
COVERAGE TOTAL	25	PREMIUMS	214.89
	50	ADJUSTMENTS	429.78
TOTAL TRANSACTIONS	75		644.67

PLAN CODE: VI Vision Services

COVERAGE PERIOD: SEPTEMBER 2016

COVERAGE	EMPLOYEES	PREMIUM RATE	PREMIUM PAID
Self	365	12.75	4653.75
W/Adult	57	12.75	726.75
W/Childrn	31	12.75	395.25
Family	58	12.75	739.50
ADJUSTMENTS	1022	12.75	13030.50
COVERAGE TOTAL	511	PREMIUMS	6515.25
	1022	ADJUSTMENTS	13030.50
TOTAL TRANSACTIONS	1533		19545.75

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PLAN CODE: AD American Home

CONTROL/GROUP # ABCDEFGHIJKLMNO

COVERAGE PERIOD: SEPTEMBER 2016

PLAN	LIVES	TOTAL DUE
Self	41	35.25
Family	47	105.66
Modified Family	34	42.00
000	0	0.00
TOTAL	122	182.91

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PLAN CODE: LI Prudential

CONTROL/GROUP # 123456789/123

COVERAGE PERIOD: SEPTEMBER 2016

COVERAGE	LIVES	PREMIUM RATE	TOTAL DUE
(005) University Paid	493	4.3400	2139.62
(010) 1 X Life	27	PER INDIVIDUAL	277.87
(015) 2 X Life	20	PER INDIVIDUAL	260.61
(020) 3 X Life	15	PER INDIVIDUAL	785.97
(022) 4 X Life	45	PER INDIVIDUAL	2875.09
(025) 20,000 Life	9	PER INDIVIDUAL	36.96
(030) DGL Basic	18	PER INDIVIDUAL	20.00
(071) Core Life	28	0.4700	13.16
(075) Dep Life Spouse	2	PER INDIVIDUAL	82.02
(080) Dep Life Sp/Ch	26	PER INDIVIDUAL	897.23
(085) Dep Life Child	1	PER INDIVIDUAL	0.36
* Life	0	PER INDIVIDUAL	0.00
? Life	0	PER INDIVIDUAL	0.00
TOTAL	684		7388.89

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PLAN CODE: DI Liberty Mutual CONTROL/GROUP # 1234567890ABCDEFGHIJ COVERAGE PERIOD: SEPTEMBER 2016

BENEFIT	PLAN	CLASS	LIVES	PREMIUM RATE	TOTAL DUE
STD	UPC	UP00	451	6.7100	3026.21
STD/TD	EPD7	E007	16	PER INDIVIDUAL	816.19
STD/TD	EPD30	E0030	40	PER INDIVIDUAL	856.31
STD/TD	EPD90	E0090	30	PER INDIVIDUAL	804.98
STD/TD	EPD180	E00180	18	PER INDIVIDUAL	586.33
000			0	PER INDIVIDUAL	0.00
STD	UPC	UP13	42	6.7100	281.82
STD/TD	EPD7	E137	0	PER INDIVIDUAL	0.00
STD/TD	EPD30	E1330	0	PER INDIVIDUAL	0.00
STD/TD	EPD90	E1390	0	PER INDIVIDUAL	0.00
STD/TD	EPD180	E13180	0	PER INDIVIDUAL	0.00
000			0	PER INDIVIDUAL	0.00
TOTAL			597		6371.84

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PLAN CODE: PD Standard Life

CONTROL/GROUP # 1234567890AB/DE/GH/J

COVERAGE PERIOD: SEPTEMBER 2016

BENEFIT	PLAN	CLASS	LIVES	PREMIUM RATE	TOTAL DUE
STD	UPC	UP00	30	9.8000	294.00
LTD/TD			12	PER INDIVIDUAL	120.00
TOTAL			42		414.00

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PLAN CODE: PL Standard Life

CONTROL/GROUP # 1234567890AB/DE/GH/J

COVERAGE PERIOD: SEPTEMBER 2016

COVERAGE	LIVES	PREMIUM RATE	TOTAL DUE
University Paid	30	3.0500	91.50
TOTAL	30		91.50