



PY 2020 MEDICAL, DENTAL & VISION PREMIUMS

UNITED HEALTHCARE - CHOICE PLUS (Plan 1)

	SEMI-MONTHLY Employee Pays	MONTHLY Employee Pays
Employee Only:	\$23.61	\$47.22
Employee + Spouse	\$202.37	\$404.74
Employee + Child(ren)	\$154.06	\$308.12
Employee + Family	\$343.34	\$686.68

UNITED HEALTHCARE - CHOICE (Plan 2) In-Network Only

	SEMI-MONTHLY Employee Pays	MONTHLY Employee Pays
Employee Only:	\$12.50	\$25.00
Employee + Spouse	\$107.55	\$215.10
Employee + Child(ren)	\$98.05	\$196.10
Employee + Family	\$175.00	\$350.00

UNITED HEALTHCARE - CHOICE PLUS (Plan 3) HDHP w/HSA

	SEMI-MONTHLY Employee Pays	MONTHLY Employee Pays
Employee Only:	\$0.00	\$0
Employee + Spouse	\$86.00	\$172.00
Employee + Child(ren)	\$78.00	\$156.00
Employee + Family	\$140.00	\$280.00

UNITED HEALTHCARE National Options PPO 30 (Dental Plan)

	SEMI-MONTHLY Employee Pays	MONTHLY Employee Pays
Employee Only:	\$0.00	\$0.00
Employee + Spouse	\$12.25	\$24.50
Employee + Child(ren)	\$ 9.75	\$19.50
Employee + Family	\$25.75	\$51.50

UNITED HEALTHCARE Texas Dental HMO

	SEMI-MONTHLY Employee Pays	MONTHLY Employee Pays
Employee Only:	\$0.00	\$0.00
Employee + Spouse	\$ 1.42	\$ 2.84
Employee + Child(ren)	\$2.34	\$ 4.98
Employee + Family	\$9.21	\$18.42

SUPERIOR VISION Plan

	SEMI-MONTHLY Employee Pays	MONTHLY Employee Pays
Employee Only:	\$4.05	\$8.10
Employee + Spouse	\$8.66	\$17.32
Employee + Child(ren)	\$6.68	\$13.36
Employee + Family	\$11.98	\$23.96