

MEDICAL AND PRESCRIPTION DRUG BENEFITS

COST OF COVERAGE

COVERAGE TYPE	MONTHLY PREMIUM		BI-WEEKLY PREMIUM	
	Non-Wellness	With Wellness Discount*	Non-Wellness	With Wellness Discount*
UHC Plus Plan				
Single	\$224.00	\$154.00	\$103.39	\$71.08
Employee + Spouse	\$594.00	\$489.00	\$274.15	\$225.69
Employee + Child(ren)	\$517.00	\$447.00	\$238.62	\$206.31
Family	\$815.00	\$710.00	\$376.15	\$327.69
UHC Plus Plan — Employees Earning Up to \$43,340				
Single	\$70.00	\$0.00	\$32.31	\$0.00
Employee + Spouse	\$435.00	\$330.00	\$200.77	\$152.31
Employee + Child(ren)	\$360.00	\$290.00	\$166.15	\$133.85
Family	\$647.00	\$542.00	\$298.61	\$250.15
UHC Plus Plan — Employees Earning \$150,000 Or More				
Single	\$243.00	\$173.00	\$112.16	\$79.85
Employee + Spouse	\$649.00	\$544.00	\$299.54	\$251.07
Employee + Child(ren)	\$564.00	\$494.00	\$260.31	\$228.00
Family	\$886.00	\$781.00	\$408.92	\$360.46
UHC Qualified High-Deductible Health Plan				
Single	\$136.00	\$66.00	\$62.77	\$30.47
Employee + Spouse	\$401.00	\$296.00	\$185.07	\$136.61
Employee + Child(ren)	\$343.00	\$273.00	\$158.30	\$126.00
Family	\$539.00	\$434.00	\$248.77	\$200.31
UHC Qualified High-Deductible Health Plan — Employees Earning \$150,000 Or More				
Single	\$155.00	\$85.00	\$71.54	\$39.24
Employee + Spouse	\$450.00	\$345.00	\$207.69	\$159.23
Employee + Child(ren)	\$383.00	\$313.00	\$176.77	\$144.46
Family	\$606.00	\$501.00	\$279.69	\$231.23

*The "With Wellness Discount" premiums listed assume the maximum \$105 for spousal coverage situations. Rates may be higher if both employee and spouse do not complete requirements.