

OAK GROVE R-VI SCHOOL DISTRICT

Insurance Rates with UNITED HEALTHCARE

July 1, 2018 - June 30, 2019

United Healthcare	Plan #105 (LOW)	Board Paid	P/R Deduction
Employee	\$630.41	\$600.00	\$30.41
Employee/Spouse	\$1,494.06	\$600.00	\$894.06
Employee/Child(ren)	\$1,197.79	\$600.00	\$597.79
Family	\$1,834.50	\$600.00	\$1,234.50
United Healthcare	Plan #80 (MID)	Board Paid	P/R Deduction
Employee	\$690.31	\$600.00	\$90.31
Employee/Spouse	\$1,636.01	\$600.00	\$1,036.01
Employee/Child(ren)	\$1,311.60	\$600.00	\$711.60
Family	\$2,008.81	\$600.00	\$1,408.81
United Healthcare	Plan #104 (HIGH)	Board Paid	P/R Deduction
Employee	\$755.02	\$600.00	\$155.02
Employee/Spouse	\$1,789.31	\$600.00	\$1,189.31
Employee/Child(ren)	\$1,434.48	\$600.00	\$834.48
Family	\$2,197.02	\$600.00	\$1,597.02

Insurance Rates with DELTA DENTAL

July 1, 2017 - June 30, 2019

Delta Dental	Dental Plan	Board Paid	P/R Deduction
Employee	\$42.47	\$30.47	\$12.00
Employee/Spouse	\$77.19	\$30.47	\$46.72
Employee/Child(ren)	\$91.30	\$30.47	\$60.83
Family	\$126.06	\$30.47	\$95.59

Insurance Rates with United HealthCare VISION

July 1, 2014 - June 30, 2019

UHC Vision	Vision Plan	Board Paid	P/R Deduction
Employee	\$7.41	\$0.00	\$7.41
Employee/Spouse	\$13.64	\$0.00	\$13.64
Employee/Child(ren)	\$14.29	\$0.00	\$14.29
Family	\$21.41	\$0.00	\$21.41