

# OAK GROVE R-VI SCHOOL DISTRICT

## Insurance Rates with UNITED HEALTHCARE

July 1, 2019 - June 30, 2020

<b>United Healthcare</b>	H S A	Board Paid	P/R Deduction
Employee	\$628.91	\$628.91	\$0.00
Employee/Spouse	\$1,490.44	\$628.91	\$861.53
Employee/Child(ren)	\$1,194.88	\$628.91	\$565.97
Family	\$1,830.05	\$628.91	\$1,201.14

<b>United Healthcare</b>	Plan #105 (LOW)	Board Paid	P/R Deduction
Employee	\$692.82	\$628.91	\$63.91
Employee/Spouse	\$1,641.97	\$628.91	\$1,013.06
Employee/Child(ren)	\$1,316.37	\$628.91	\$687.46
Family	\$2,016.11	\$628.91	\$1,387.20

<b>United Healthcare</b>	Plan #80 (MID)	Board Paid	P/R Deduction
Employee	\$758.65	\$628.91	\$129.74
Employee/Spouse	\$1,797.97	\$628.91	\$1,169.06
Employee/Child(ren)	\$1,441.45	\$628.91	\$812.54
Family	\$2,207.68	\$628.91	\$1,578.77

<b>United Healthcare</b>	Plan #104 (HIGH)	Board Paid	P/R Deduction
Employee	\$829.77	\$628.91	\$200.86
Employee/Spouse	\$1,966.46	\$628.91	\$1,337.55
Employee/Child(ren)	\$1,576.50	\$628.91	\$947.59
Family	\$2,414.53	\$628.91	\$1,785.62

## Insurance Rates with DELTA DENTAL

July 1, 2017 - June 30, 2021

<b>Delta Dental</b>	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, 2019 - June 30, 2020

<b>UHC Vision</b>	Vision Plan	Board Paid	P/R Deduction
Employee	\$7.63	\$0.00	\$7.63
Employee/Spouse	\$14.05	\$0.00	\$14.05
Employee/Child(ren)	\$14.72	\$0.00	\$14.72
Family	\$22.06	\$0.00	\$22.06