

OAK GROVE R-VI SCHOOL DISTRICT

Insurance Rates with UNITED HEALTHCARE

July 1, 2020 - June 30, 2021

United Healthcare	H S A	Board Paid	P/R Deduction
Employee	\$652.01	\$652.01	\$0.00
Employee/Spouse	\$1,545.18	\$652.01	\$893.17
Employee/Child(ren)	\$1,238.77	\$652.01	\$586.76
Family	\$1,897.27	\$652.01	\$1,245.26
United Healthcare	Plan #105 (LOW)	Board Paid	P/R Deduction
Employee	\$747.50	\$652.01	\$95.49
Employee/Spouse	\$1,771.56	\$652.01	\$1,119.55
Employee/Child(ren)	\$1,420.26	\$652.01	\$768.25
Family	\$2,175.23	\$652.01	\$1,523.22
United Healthcare	Plan #80 (MID)	Board Paid	P/R Deduction
Employee	\$806.20	\$652.01	\$154.19
Employee/Spouse	\$1,910.66	\$652.01	\$1,258.65
Employee/Child(ren)	\$1,531.80	\$652.01	\$879.79
Family	\$2,346.05	\$652.01	\$1,694.04
United Healthcare	Plan #104 (HIGH)	Board Paid	P/R Deduction
Employee	\$884.97	\$652.01	\$232.96
Employee/Spouse	\$2,097.28	\$652.01	\$1,445.27
Employee/Child(ren)	\$1,681.38	\$652.01	\$1,029.37
Family	\$2,575.16	\$652.01	\$1,923.15

Insurance Rates with DELTA DENTAL

July 1, 2019 - June 30, 2021

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, 2019 - June 30, 2022

UHC Vision	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