

OAK GROVE R-VI SCHOOL DISTRICT

Insurance Rates with UNITED HEALTHCARE

July 1, 2021 - June 30, 2022

United Healthcare	H S A	Board Paid	P/R Deduction
Employee	\$681.35	\$681.35	\$0.00
Employee/Spouse	\$1,614.71	\$681.35	\$933.36
Employee/Child(ren)	\$1,294.51	\$681.35	\$613.16
Family	\$1,982.65	\$681.35	\$1,301.30

United Healthcare	Plan #105 (LOW)	Board Paid	P/R Deduction
Employee	\$781.14	\$681.35	\$99.79
Employee/Spouse	\$1,851.29	\$681.35	\$1,169.94
Employee/Child(ren)	\$1,484.18	\$681.35	\$802.83
Family	\$2,273.12	\$681.35	\$1,591.77

United Healthcare	Plan #80 (MID)	Board Paid	P/R Deduction
Employee	\$842.48	\$681.35	\$161.13
Employee/Spouse	\$1,996.64	\$681.35	\$1,315.29
Employee/Child(ren)	\$1,600.73	\$681.35	\$919.38
Family	\$2,451.63	\$681.35	\$1,770.28

United Healthcare	Plan #104 (HIGH)	Board Paid	P/R Deduction
Employee	\$924.79	\$681.35	\$243.44
Employee/Spouse	\$2,191.65	\$681.35	\$1,510.30
Employee/Child(ren)	\$1,757.04	\$681.35	\$1,075.69
Family	\$2,691.03	\$681.35	\$2,009.68

Insurance Rates with DELTA DENTAL

July 1, 2020 - June 30, 2022

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