

OAK GROVE R-VI SCHOOL DISTRICT

Insurance Rates with UNITED HEALTHCARE

July 1, 2017 - June 30, 2018

United Healthcare	Plan #105 (LOW)	Board Paid	P/R Deduction
Employee	\$578.36	\$573.36	\$5.00
Employee/Spouse	\$1,370.70	\$573.36	\$797.34
Employee/Child(ren)	\$1,098.89	\$573.36	\$525.53
Family	\$1,683.03	\$573.36	\$1,109.67
United Healthcare	Plan #80 (MID)	Board Paid	P/R Deduction
Employee	\$633.31	\$573.36	\$59.95
Employee/Spouse	\$1,500.92	\$573.36	\$927.56
Employee/Child(ren)	\$1,203.30	\$573.36	\$629.94
Family	\$1,842.94	\$573.36	\$1,269.58
United Healthcare	Plan #104 (HIGH)	Board Paid	P/R Deduction
Employee	\$692.68	\$573.36	\$119.32
Employee/Spouse	\$1,641.57	\$573.36	\$1,068.21
Employee/Child(ren)	\$1,316.04	\$573.36	\$742.68
Family	\$2,015.62	\$573.36	\$1,442.26

Insurance Rates with DELTA DENTAL

July 1, 2017 - June 30, 2018

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