

UHC Choice Plus HSA Silver CM-IT RX K07Y

Deductible (\$4,500/\$9,000)

HSA |HRA|FSA-DEP|FSA-MED

Age	Monthly Premium Total Cost	Cost per pay to RR at 55%	Cost per pay to you at 45%
<15	\$ 270.53	\$ 68.67	\$ 56.19
15	\$ 294.58	\$ 74.78	\$ 61.18
16	\$ 303.78	\$ 77.11	\$ 63.09
17	\$ 312.97	\$ 79.45	\$ 65.00
18	\$ 322.87	\$ 81.96	\$ 67.06
19	\$ 332.78	\$ 84.47	\$ 69.12
20	\$ 343.03	\$ 87.08	\$ 71.24
21	\$ 353.64	\$ 89.77	\$ 73.45
22	\$ 353.64	\$ 89.77	\$ 73.45
23	\$ 353.64	\$ 89.77	\$ 73.45
24	\$ 353.64	\$ 89.77	\$ 73.45
25	\$ 355.05	\$ 90.13	\$ 73.74
26	\$ 362.13	\$ 91.93	\$ 75.21
27	\$ 370.61	\$ 94.08	\$ 76.97
28	\$ 384.41	\$ 97.58	\$ 79.84
29	\$ 395.72	\$ 100.45	\$ 82.19
30	\$ 401.38	\$ 101.89	\$ 83.36
31	\$ 409.87	\$ 104.04	\$ 85.13
32	\$ 418.36	\$ 106.20	\$ 86.89
33	\$ 423.66	\$ 107.54	\$ 87.99
34	\$ 429.32	\$ 108.98	\$ 89.17
35	\$ 432.15	\$ 109.70	\$ 89.75
36	\$ 434.98	\$ 110.42	\$ 90.34
37	\$ 437.81	\$ 111.14	\$ 90.93
38	\$ 440.64	\$ 111.85	\$ 91.52
39	\$ 446.29	\$ 113.29	\$ 92.69
40	\$ 451.95	\$ 114.73	\$ 93.87
41	\$ 460.44	\$ 116.88	\$ 95.63
42	\$ 468.57	\$ 118.94	\$ 97.32
43	\$ 479.89	\$ 121.82	\$ 99.67
44	\$ 494.04	\$ 125.41	\$ 102.61
45	\$ 510.66	\$ 129.63	\$ 106.06
46	\$ 530.46	\$ 134.66	\$ 110.17
47	\$ 552.74	\$ 140.31	\$ 114.80
48	\$ 578.20	\$ 146.77	\$ 120.09
49	\$ 603.31	\$ 153.15	\$ 125.30
50	\$ 631.60	\$ 160.33	\$ 131.18
51	\$ 659.54	\$ 167.42	\$ 136.98
52	\$ 690.31	\$ 175.23	\$ 143.37
53	\$ 721.43	\$ 183.13	\$ 149.84
54	\$ 755.02	\$ 191.66	\$ 156.81

55	\$	788.62	\$	200.19	\$	163.79
56	\$	825.04	\$	209.43	\$	171.35
57	\$	861.82	\$	218.77	\$	178.99
58	\$	901.07	\$	228.73	\$	187.15
59	\$	920.52	\$	233.67	\$	191.18
60	\$	959.78	\$	243.64	\$	199.34
61	\$	993.73	\$	252.25	\$	206.39
62	\$	1,016.01	\$	257.91	\$	211.02
63	\$	1,043.95	\$	265.00	\$	216.82
64	\$	1,060.92	\$	269.31	\$	220.34

UHC Choice Plus Platinum CM-IH RX K07S

Deductible NONE/NONE

FSA-DEP | FSA-Med

Age	Monthly Premium Total Cost	Total cost per pay to Right Resources @ 55% of the base plan	Total cost per pay to You @ 45% of the base plan + cost of buy up
<15	\$ 393.37	\$ 68.67	\$ 112.88
15	\$ 428.34	\$ 74.78	\$ 122.92
16	\$ 441.71	\$ 77.11	\$ 126.75
17	\$ 455.08	\$ 79.45	\$ 130.59
18	\$ 469.47	\$ 81.96	\$ 134.72
19	\$ 483.87	\$ 84.47	\$ 138.85
20	\$ 498.78	\$ 87.08	\$ 143.13
21	\$ 514.21	\$ 89.77	\$ 147.56
22	\$ 514.21	\$ 89.77	\$ 147.56
23	\$ 514.21	\$ 89.77	\$ 147.56
24	\$ 514.21	\$ 89.77	\$ 147.56
25	\$ 516.27	\$ 90.13	\$ 148.15
26	\$ 526.55	\$ 91.93	\$ 151.10
27	\$ 538.89	\$ 94.08	\$ 154.64
28	\$ 558.95	\$ 97.58	\$ 160.40
29	\$ 575.40	\$ 100.45	\$ 165.12
30	\$ 583.63	\$ 101.89	\$ 167.48
31	\$ 595.97	\$ 104.04	\$ 171.02
32	\$ 608.31	\$ 106.20	\$ 174.56
33	\$ 616.02	\$ 107.54	\$ 176.77
34	\$ 624.25	\$ 108.98	\$ 179.13
35	\$ 628.36	\$ 109.70	\$ 180.31
36	\$ 632.48	\$ 110.42	\$ 181.50
37	\$ 636.59	\$ 111.14	\$ 182.67
38	\$ 640.71	\$ 111.85	\$ 183.86
39	\$ 648.93	\$ 113.29	\$ 186.22
40	\$ 657.16	\$ 114.73	\$ 188.58
41	\$ 669.50	\$ 116.88	\$ 192.12
42	\$ 681.33	\$ 118.94	\$ 195.52
43	\$ 697.78	\$ 121.82	\$ 200.23
44	\$ 718.35	\$ 125.41	\$ 206.14
45	\$ 742.52	\$ 129.63	\$ 213.07
46	\$ 771.32	\$ 134.66	\$ 221.34
47	\$ 803.71	\$ 140.31	\$ 230.63
48	\$ 840.73	\$ 146.77	\$ 241.26
49	\$ 877.24	\$ 153.15	\$ 251.73
50	\$ 918.38	\$ 160.33	\$ 263.54
51	\$ 959.00	\$ 167.42	\$ 275.19
52	\$ 1,003.74	\$ 175.23	\$ 288.03
53	\$ 1,048.99	\$ 183.13	\$ 301.02
54	\$ 1,097.84	\$ 191.66	\$ 315.04

55	\$	1,146.69	\$	200.19	\$	329.05
56	\$	1,199.65	\$	209.43	\$	344.25
57	\$	1,253.13	\$	218.77	\$	359.60
58	\$	1,310.21	\$	228.73	\$	375.98
59	\$	1,338.49	\$	233.67	\$	384.09
60	\$	1,395.57	\$	243.64	\$	400.47
61	\$	1,444.93	\$	252.25	\$	414.64
62	\$	1,477.33	\$	257.91	\$	423.93
63	\$	1,517.95	\$	265.00	\$	435.59
64+	\$	1,542.63	\$	269.31	\$	442.67

DENTAL - P021 Dental and Orthodontia

Coverage Type	Monthly Cost of Plan	Employer Contribution 55% of Base Plan Employee & Dep	Employee Contribution 45% of Base Plan + buy up Employee & Dep	Employee Contribution PER PAY
Employee Only	\$49.26	\$17.25	\$32.01	\$14.77
Employee and Spouse	\$98.53	\$34.51	\$64.02	\$29.55
Employee and Children	\$118.75	\$34.82	\$83.93	\$38.74
Employee and Family	\$177.28	\$53.66	\$123.62	\$57.06

DENTAL - A7976

Coverage Type	Monthly Cost of Plan	Cost per pay to you
Employee Only	\$31.37	\$6.52
Employee and Spouse	\$62.74	\$13.03
Employee and Children	\$63.31	\$13.15
Employee and Family	\$97.56	\$20.26

UHC Voluntary Vision SH501

Coverage Type	Monthly Premium Total Cost	Cost per pay to you
Employee Only	\$ 7.78	\$ 3.59
Employee and Spouse	\$ 14.77	\$ 6.82
Employee and Children	\$ 17.32	\$ 7.99
Employee and Family	\$ 24.38	\$ 11.25