UHC Choice Plus Platinum CM-IH RX K07S			
Deductible NONE/NONE			
FSA-DEP | FSA-Med			
Age	Monthly Premium Total Cost	Cost per pay to RR at 55%	Cost per pay to you at 45%
<15	$ 393.37	$ 99.86	$ 81.70
15	$ 428.34	$ 108.73	$ 88.96
16	$ 441.71	$ 112.13	$ 91.74
17	$ 455.08	$ 115.52	$ 94.52
18	$ 469.47	$ 119.17	$ 97.51
19	$ 483.87	$ 122.83	$ 100.50
20	$ 498.78	$ 126.61	$ 103.59
21	$ 514.21	$ 130.53	$ 106.80
22	$ 514.21	$ 130.53	$ 106.80
23	$ 514.21	$ 130.53	$ 106.80
24	$ 514.21	$ 130.53	$ 106.80
25	$ 516.27	$ 131.05	$ 107.23
26	$ 526.55	$ 133.66	$ 109.36
27	$ 538.89	$ 136.80	$ 111.92
28	$ 558.95	$ 141.89	$ 116.09
29	$ 575.40	$ 146.06	$ 119.51
30	$ 583.63	$ 148.15	$ 121.22
31	$ 595.97	$ 151.28	$ 123.78
32	$ 608.31	$ 154.42	$ 126.34
33	$ 616.02	$ 156.37	$ 127.94
34	$ 624.25	$ 158.46	$ 129.65
35	$ 628.36	$ 159.51	$ 130.51
36	$ 632.48	$ 160.55	$ 131.36
37	$ 636.59	$ 161.60	$ 132.21
38	$ 640.71	$ 162.64	$ 133.07
39	$ 648.93	$ 164.73	$ 134.78
40	$ 657.16	$ 166.82	$ 136.49
41	$ 669.50	$ 169.95	$ 139.05
42	$ 681.33	$ 172.95	$ 141.51
43	$ 697.78	$ 177.13	$ 144.92
44	$ 718.35	$ 182.35	$ 149.20
45	$ 742.52	$ 188.49	$ 154.22
46	$ 771.32	$ 195.80	$ 160.20
47	$ 803.71	$ 204.02	$ 166.92
48	$ 840.73	$ 213.42	$ 174.61
49	$ 877.24	$ 222.68	$ 182.20
50	$ 918.38	$ 233.13	$ 190.74
51	$ 959.00	$ 243.44	$ 199.18
52	$ 1,003.74	$ 254.80	$ 208.47
53	$ 1,048.99	$ 266.28	$ 217.87
54	$ 1,097.84	$ 278.68	$ 228.01
55	$ 1,146.69	$ 291.08	$ 238.16
56	$ 1,199.65	$ 304.53	$ 249.16
57	$ 1,253.13	$ 318.10	$ 260.27
58	$ 1,310.21	$ 332.59	$ 272.12
59	$ 1,338.49	$ 339.77	$ 277.99
60	$ 1,395.57	$ 354.26	$ 289.85
61	$ 1,444.93	$ 366.79	$ 300.10
62	$ 1,477.33	$ 375.01	$ 306.83
63	$ 1,517.95	$ 385.33	$ 315.27
64+	$ 1,542.63	$ 391.59	$ 320.39

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

DENTAL - P021 Dental and Orthodontia		
Coverage Type	Monthly Cost of Plan	Cost per pay to you
Employee Only	$49.26	$10.23
Employee and Spouse	$98.53	$20.46
Employee and Children	$118.75	$24.66
Employee and Family	$177.28	$36.82

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