

# UNITED HEALTHCARE 2019 Plan Year

## PPO Option 1 - \$1000.00 Deductible

## PPO Option 2 - \$2000 Deductible

Rates in effect from 12/1/2018 until 11/30/2019

Type	Monthly Rate	Mission-60%	Employee-40%	Per Pay Deduction	Type	Monthly Rate	Mission-60%	Employee-40%	Per Pay Deduction
Employee Only	563.22	337.93	225.29	103.98	Employee Only	524.89	314.93	209.96	96.90
Employee + Spouse	1,126.45	675.87	450.58	207.96	Employee + Spouse	1,049.79	629.87	419.92	193.81
Employee + Child(ren)	1,070.13	642.08	428.05	197.56	Employee + Child(ren)	997.30	598.38	398.92	184.12
Family (Employee, Spouse + Child(ren))	1,689.67	1,013.80	675.87	311.94	Family (Employee, Spouse + Child(ren))	1,574.68	944.81	629.87	290.71

Dependent children are eligible until age 26

*The "per pay" deduction is calculated by multiplying the monthly premium by 12 months and dividing by 26 pays per year*