

United HealthCare

Alvin ISD Dental Plans & Rates

Group Number 914694 - Customer Service # 1-877-816-3596

2021 - 2022 Premium

18 Times Premium for **Dental**

Plans	Tier	Monthly Premium	Semi Monthly Premium	18 Pay for Sept 1 OE	18 Pay for Oct 1	18 Pays for Nov 1	18 Pays for Dec 1	18 Pays for Jan 1	18 Pays for Feb 1	18 Pays for Mar 1	18 Pays for Apr 1	18 Pays for May 1
				24-18	22-16	20-14	18-12	16-10	14-8	12-6	10-4	8-2
CORE PLAN 100%-70%-40% <i>Contract Year Maximum \$1,000.00</i>	Employee Only	\$ 2.01	\$ 1.01	\$1.34	\$1.38	\$1.44	\$1.51	\$1.61	\$1.76	\$2.01	\$2.51	\$4.02
	Employee & Child(ren)	\$ 28.07	\$ 14.04	\$18.71	\$19.30	\$20.05	\$21.05	\$22.46	\$24.56	\$28.07	\$35.09	\$56.14
	Employee & Spouse	\$ 20.84	\$ 10.42	\$13.89	\$14.33	\$14.89	\$15.63	\$16.67	\$18.24	\$20.84	\$26.05	\$41.68
	Employee & Family	\$ 46.69	\$ 23.35	\$31.13	\$32.10	\$33.35	\$35.02	\$37.35	\$40.85	\$46.69	\$58.36	\$93.38
ENRICHED PLAN 100%-80%-50% <i>Contract Year Maximum \$1,500.00</i>	Employee Only	\$ 14.40	\$ 7.20	\$9.60	\$9.90	\$10.29	\$10.80	\$11.52	\$12.60	\$14.40	\$18.00	\$28.80
	Employee & Child(ren)	\$ 89.14	\$ 44.57	\$59.43	\$61.28	\$63.67	\$66.86	\$71.31	\$78.00	\$89.14	\$111.43	\$178.28
	Employee & Spouse	\$ 77.52	\$ 38.76	\$51.68	\$53.30	\$55.37	\$58.14	\$62.02	\$67.83	\$77.52	\$96.90	\$155.04
	Employee & Family	\$ 125.60	\$ 62.80	\$83.73	\$86.35	\$89.71	\$94.20	\$100.48	\$109.90	\$125.60	\$157.00	\$251.20

*Deductions are based on AISD contributing **\$18.51** monthly