

United HealthCare
Alvin ISD Healthcare Plans & Rates
2018 - 2019

Customer Service # 1-866-633-2446

Plans	Tier	Monthly Premium	Semi Monthly Premium
PPO1500	Employee Only	\$0.00	\$0.00
	Employee & Child(ren)	\$338.00	\$169.00
	Employee & Spouse	\$391.00	\$195.50
	Employee & Family	\$677.00	\$338.50
	* Both District Employee + Child(ren)	\$316.00	\$158.00
PPO1750 Broad	Employee Only	\$170.00	\$85.00
	Employee & Child(ren)	\$411.00	\$205.50
	Employee & Spouse	\$493.00	\$246.50
	Employee & Family	\$801.00	\$400.50
	* Both District Employee + Child(ren)	\$390.00	\$195.00
	* Both District Employee	\$221.00	\$110.50
1750 Kelsey Network	Employee Only	\$70.00	\$35.00
	Employee & Child(ren)	\$361.00	\$180.50
	Employee & Spouse	\$403.00	\$201.50
	Employee & Family	\$685.00	\$342.50
	* Both District Employee + Child(ren)	\$320.00	\$160.00
	* Both District Employee	\$130.00	\$65.00
1750 Memorial Hermann Network	Employee Only	\$110.00	\$55.00
	Employee & Child(ren)	\$381.00	\$190.50
	Employee & Spouse	\$433.00	\$216.50
	Employee & Family	\$731.00	\$365.50
	* Both District Employee + Child(ren)	\$360.00	\$180.00
	* Both District Employee	\$171.00	\$85.50
HSA2700 Health Savings Acct	Employee Only	\$0.00	\$0.00
	Employee & Child(ren)	\$314.00	\$157.00
	Employee & Spouse	\$349.00	\$174.50
	Employee & Family	\$622.00	\$311.00
	* Both District Employee + Child(ren)	\$300.00	\$150.00
	Total HSA Contribution per year for EE only \$3450		
	Total HSA Contribution per year for Family \$6900		
HIB Hospital Indemnity Plan	Employee Only		\$0.00
This is <u>NOT</u> Medical Insurance.	Only qualified Employee can receive HIB benefit.		
	Pays \$150 per day everyday you are hospitalized.		
	With HIB Participation you receive, FREE Core Dental, Vision & 50K Life Insurance.		

**Both district employee rates are only available to employee who's spouse work for Alvin ISD.*

Payroll deduction rate is after the District's contribution of **\$421.00** for healthcare per month.
When a medical plan is selected AISD pays **\$.44** for free 10K Basic life coverage per month.
When HIB is selected AISD pays **\$2.20** for free 50K Basic life coverage per month.