

United HealthCare
Alvin ISD Healthcare Plans & Rates
2019-2020

Plans	Tier	Monthly Premium	Semi Monthly Premium
PPO1500	Employee Only	\$70.00	\$35.00
	Employee & Child(ren)	\$438.00	\$219.00
	Employee & Spouse	\$491.00	\$245.50
	Employee & Family	\$777.00	\$388.50
	* Both District Employee + Child(ren)	\$446.00	\$223.00
	* Both District Employee	\$110.00	\$55.00
PPO1750 Broad	Employee Only	\$290.00	\$145.00
	Employee & Child(ren)	\$531.00	\$265.50
	Employee & Spouse	\$613.00	\$306.50
	Employee & Family	\$921.00	\$460.50
	* Both District Employee + Child(ren)	\$530.00	\$265.00
	* Both District Employee	\$341.00	\$170.50
1750 Kelsey Network	Employee Only	\$110.00	\$55.00
	Employee & Child(ren)	\$451.00	\$225.50
	Employee & Spouse	\$503.00	\$251.50
	Employee & Family	\$785.00	\$392.50
	* Both District Employee + Child(ren)	\$450.00	\$225.00
	* Both District Employee	\$150.00	\$75.00
1750 Memorial Hermann Network	Employee Only	\$130.00	\$65.00
	Employee & Child(ren)	\$471.00	\$235.50
	Employee & Spouse	\$523.00	\$261.50
	Employee & Family	\$801.00	\$400.50
	* Both District Employee + Child(ren)	\$480.00	\$240.00
	* Both District Employee	\$191.00	\$95.50
HSA2700 Health Savings Acct	Employee Only	\$0.00	\$0.00
	Employee & Child(ren)	\$384.00	\$192.00
	Employee & Spouse	\$419.00	\$209.50
	Employee & Family	\$692.00	\$346.00
	* Both District Employee + Child(ren)	\$370.00	\$185.00
	Total HSA Contribution per year for EE only \$3450 Total HSA Contribution per year for Family \$6900		
HIB Hospital Indemnity Plan This is <u>NOT</u> Medical Insurance.	Employee Only 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.		\$0.00

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

Payroll deduction rate is after the District's contribution of **\$421.00** for healthcare per month.