

**United HealthCare**  
 Alvin ISD Dental Plans & Rates  
**2021 - 2022**

Plans	Tier	Monthly Premium	Semi Monthly Premium
<b>CORE PLAN</b> 100%-70%-40% <i>Contract Year Maximum \$1,000.00</i>	Employee Only	\$2.02	\$1.01
	Employee & Child(ren)	\$28.08	\$14.04
	Employee & Spouse	\$20.84	\$10.42
	Employee & Family	\$46.70	\$23.35
<b>ENRICHED PLAN</b> 100%-80%-50% <i>Contract Year Maximum \$1,500.00</i>	Employee Only	\$14.40	\$7.20
	Employee & Child(ren)	\$89.14	\$44.57
	Employee & Spouse	\$77.52	\$38.76
	Employee & Family	\$125.60	\$62.80

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