

United HealthCare
 Alvin ISD Healthcare Plans & Rates
 Group Number 914694 - Customer Service #1-866-633-2446
2021-2022 Premiums

18 Times Premium for Medical

Revised 7/14/2021

Plans	Tier	20-21 Monthly Premium	20-21 Semi-Monthly Premium	18 Pay for	18 Pay for	18 Pays	18 Pays	18 Pays	18 Pays for	18 Pays for	18 Pays for	18 Pays for
				Sept 1 OE	Oct 1	for Nov 1	for Dec 1	for Jan 1	Feb 1	Mar 1	Apr 1	May 1
				24 / 18	22 / 16	20 / 14	18 / 12	16 / 10	14 / 8	12 / 6	10 / 4	8 / 2
PPO1500	Employee Only	\$ 110.00	\$ 55.00	\$73.33	\$75.63	\$78.57	\$82.50	\$88.00	\$96.25	\$110.00	\$137.50	\$220.00
	Employee & Child(ren)	\$ 503.00	\$ 251.50	\$335.33	\$345.81	\$359.29	\$377.25	\$402.40	\$440.13	\$503.00	\$628.75	\$1,006.00
	Employee & Spouse	\$ 556.00	\$ 278.00	\$370.67	\$382.25	\$397.14	\$417.00	\$444.80	\$486.50	\$556.00	\$695.00	\$1,112.00
	Employee & Family	\$ 877.00	\$ 438.50	\$584.67	\$602.94	\$626.43	\$657.75	\$701.60	\$767.38	\$877.00	\$1,096.25	\$1,754.00
	* Both District Employee + Child(ren)	\$ 582.00	\$ 291.00	\$388.00	\$400.13	\$415.71	\$436.50	\$465.60	\$509.25	\$582.00	\$727.50	\$1,164.00
	* Both District Employee	\$ 190.00	\$ 95.00	\$126.67	\$130.63	\$135.71	\$142.50	\$152.00	\$166.25	\$190.00	\$237.50	\$380.00
PPO1750 Broad	Employee Only	\$ 375.00	\$ 187.50	\$250.00	\$257.81	\$267.86	\$281.25	\$300.00	\$328.13	\$375.00	\$468.75	\$750.00
	Employee & Child(ren)	\$ 646.00	\$ 323.00	\$430.67	\$444.13	\$461.43	\$484.50	\$516.80	\$565.25	\$646.00	\$807.50	\$1,292.00
	Employee & Spouse	\$ 738.00	\$ 369.00	\$492.00	\$507.38	\$527.14	\$553.50	\$590.40	\$645.75	\$738.00	\$922.50	\$1,476.00
	Employee & Family	\$ 1,071.00	\$ 535.50	\$714.00	\$736.31	\$765.00	\$803.25	\$856.80	\$937.13	\$1,071.00	\$1,338.75	\$2,142.00
	* Both District Employee + Child(ren)	\$ 690.00	\$ 345.50	\$460.67	\$475.06	\$493.57	\$518.25	\$552.80	\$604.63	\$691.00	\$863.75	\$1,382.00
	* Both District Employee	\$ 541.00	\$ 270.50	\$360.67	\$371.94	\$386.43	\$405.75	\$432.80	\$473.38	\$541.00	\$676.25	\$1,082.00
1750 Kelsey Network	Employee Only	\$ 140.00	\$ 70.00	\$93.33	\$96.25	\$100.00	\$105.00	\$112.00	\$122.50	\$140.00	\$175.00	\$280.00
	Employee & Child(ren)	\$ 511.00	\$ 255.50	\$340.67	\$351.31	\$365.00	\$383.25	\$408.80	\$447.13	\$511.00	\$638.75	\$1,022.00
	Employee & Spouse	\$ 563.00	\$ 281.50	\$375.33	\$387.06	\$402.14	\$422.25	\$450.40	\$492.63	\$563.00	\$703.75	\$1,126.00
	Employee & Family	\$ 875.00	\$ 437.50	\$583.33	\$601.56	\$625.00	\$656.25	\$700.00	\$765.63	\$875.00	\$1,093.75	\$1,750.00
	* Both District Employee + Child(ren)	\$ 530.00	\$ 265.00	\$353.33	\$364.38	\$378.57	\$397.50	\$424.00	\$463.75	\$530.00	\$662.50	\$1,060.00
	* Both District Employee	\$ 230.00	\$ 115.00	\$153.33	\$158.13	\$164.29	\$172.50	\$184.00	\$201.25	\$230.00	\$287.50	\$460.00
1750 Memorial Hermann Network	Employee Only	\$ 160.00	\$ 80.00	\$106.67	\$110.00	\$114.29	\$120.00	\$128.00	\$140.00	\$160.00	\$200.00	\$320.00
	Employee & Child(ren)	\$ 531.00	\$ 265.50	\$354.00	\$365.06	\$379.29	\$398.25	\$424.80	\$464.63	\$531.00	\$663.75	\$1,062.00
	Employee & Spouse	\$ 583.00	\$ 291.50	\$388.67	\$400.81	\$416.43	\$437.25	\$466.40	\$510.13	\$583.00	\$728.75	\$1,166.00
	Employee & Family	\$ 891.00	\$ 445.50	\$594.00	\$612.56	\$636.43	\$668.25	\$712.80	\$779.63	\$891.00	\$1,113.75	\$1,782.00
	* Both District Employee + Child(ren)	\$ 561.00	\$ 280.50	\$374.00	\$385.69	\$400.71	\$420.75	\$448.80	\$490.88	\$561.00	\$701.25	\$1,122.00
	* Both District Employee	\$ 271.00	\$ 135.50	\$180.67	\$186.31	\$193.57	\$203.25	\$216.80	\$237.13	\$271.00	\$338.75	\$542.00
HSA 2800 Health Savings Acct	Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Employee & Child(ren)	\$ 384.00	\$ 192.00	\$256.00	\$264.00	\$274.29	\$288.00	\$307.20	\$336.00	\$384.00	\$480.00	\$768.00
	Employee & Spouse	\$ 419.00	\$ 209.50	\$279.33	\$288.06	\$299.29	\$314.25	\$335.20	\$366.63	\$419.00	\$523.75	\$838.00
	Employee & Family	\$ 692.00	\$ 346.00	\$461.33	\$475.75	\$494.29	\$519.00	\$553.60	\$605.50	\$692.00	\$865.00	\$1,384.00
	* Both District Employee + Child(ren)	\$ 370.00	\$ 185.00	\$246.67	\$254.38	\$264.29	\$277.50	\$296.00	\$323.75	\$370.00	\$462.50	\$740.00
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.												
Must waive medical insurance to qualify for HIB												

*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.