

United HealthCare
Alvin ISD Healthcare Plans & Rates
2021-2022 Premiums

Plans	Tier	21-22 Monthly Premium	21-22 Semi- Monthly Premium
PPO1500	Employee Only	\$110.00	\$55.00
	Employee & Child(ren)	\$503.00	\$251.50
	Employee & Spouse	\$556.00	\$278.00
	Employee & Family	\$877.00	\$438.50
	* Both District Employee + Child(ren)	\$582.00	\$291.00
	* Both District Employee	\$190.00	\$95.00
PPO1750 Broad	Employee Only	\$375.00	\$187.50
	Employee & Child(ren)	\$646.00	\$323.00
	Employee & Spouse	\$738.00	\$369.00
	Employee & Family	\$1,071.00	\$535.50
	* Both District Employee + Child(ren)	\$690.00	\$345.00
	* Both District Employee	\$541.00	\$270.50
1750 Kelsey Network	Employee Only	\$140.00	\$70.00
	Employee & Child(ren)	\$511.00	\$255.50
	Employee & Spouse	\$563.00	\$281.50
	Employee & Family	\$875.00	\$437.50
	* Both District Employee + Child(ren)	\$530.00	\$265.00
	* Both District Employee	\$230.00	\$115.00
1750 Memorial Hermann Network	Employee Only	\$160.00	\$80.00
	Employee & Child(ren)	\$531.00	\$265.50
	Employee & Spouse	\$583.00	\$291.50
	Employee & Family	\$891.00	\$445.50
	* Both District Employee + Child(ren)	\$561.00	\$280.50
	* Both District Employee	\$271.00	\$135.50
HSA2800 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
	HIB Hospital Indemnity Plan	Employee Only	
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.