Plan Rates (per pay)

UHC MEDICAL PLANS				
Rates	Employee Only	Employee + Spouse	Employee + Children	Family
Lowest Deductible	$98.69	$188.27	$146.62	$242.99
Medium Deductible	$73.79	$128.87	$103.26	$162.49
Highest Deductible	$40.49	$49.47	$45.29	$54.93

METLIFE DENTAL PLANS				
Rates	Employee Only	Employee + Spouse	Employee + Children	Family
Low Plan	$10.93	$21.71	$29.38	$45.15
High Plan	$18.94	$40.31	$45.15	$71.73

METLIFE VSP VISION PLAN				
Rates	Employee Only	Employee + Spouse	Employee + Children	Family
Vision Plan	$3.70	$7.42	$6.28	$10.35

Rates above are based on 24 pay periods per year (2 pay periods per month)