

YOUR HEALTHCARE COSTS

The total amount that you pay for your benefits coverage depends on the plans you choose and how many dependents you cover. Partners pay the full premium cost associated with their elections.

The costs below reflect your semi-monthly cost.

MEDICAL

	UHC HSA PPO	UHC PPO 90/70	UHC PPO 100/50	HSA PPO (DC, MD, VA Only)	PPO 90/90 (DC, MD, VA Only)
SELF ONLY	\$439.55	\$642.37	\$666.30	\$440.82	\$643.56
SELF + 1	\$864.63	\$1,263.59	\$1,310.68	\$867.13	\$1,265.94
SELF + FAMILY	\$1,405.25	\$2,053.68	\$2,130.20	\$1,409.32	\$2,057.50

DENTAL

	MetLife Dental Incentive PPO	MetLife Dental Passive PPO
SELF ONLY	\$22.09	\$35.83
SELF + 1	\$40.05	\$65.06
SELF + FAMILY	\$75.20	\$122.91

VISION

	VSP Vision
SELF ONLY	\$5.98
SELF + 1	\$8.67
SELF + FAMILY	\$15.54

Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage are not tax-deductible. Contact your tax advisor for more details on how this tax treatment applies to you.