



**INSURANCE BREAKDOWN**  
(prior to employee share\*\*)

		<u>Present</u>	<u>FY 2024</u>
(Present) Select Health/(FY2024) United Healthcare	EMPLOYEE	686.20	704.85
Select Health/United Healthcare	EMPLOYEE/SPOUSE	1,784.10	1,585.91
Select Health/United Healthcare	EMPLOYEE/CHILD/CHILDREN	1,303.90	1,515.83
Select Health/United Healthcare	FAMILY	2,401.70	2,185.04
Dental	EMPLOYEE	52.90	52.90
Dental	EMPLOYEE + 1	72.37	72.37
Dental	FAMILY	109.55	109.55
ULGT Vision	SINGLE	5.00	5.00
ULGT Vision	DOUBLE	10.00	10.00
ULGT Vision	FAMILY	20.00	20.00
ULGT Life (base rate adjusted with age)	SINGLE	8.65	8.65
EAP	GROUP		3,600.00

**Monthly Cost Breakdown (Medical, Vision, Life, and Dental combined):**

**Employee Coverage Only:**

AOG Cost: \$687.50      Employee Cost: \$83.90      **Total Cost: \$771.40**

**Employee + Spouse Coverage:**

AOG Cost: \$1493.42      Employee Cost: \$183.51      **Total Cost: \$1676.93**

**Employee + Child Coverage:**

AOG Cost: \$1431.05      Employee Cost: \$175.80      **Total Cost: \$1606.85**

**Employee + Children Coverage:**

AOG Cost: \$1431.05      Employee Cost: \$175.80      **Total Cost: \$1606.85**

**Family Coverage:**

AOG Cost: \$2068.64      Employee Cost: \$254.60      **Total Cost: \$2323.24**

\*\* Individual employee contribution is 11% of the total insurance premium.