2020 UNITED HEALTHCARE PREMIUM RATES EFFECTIVE 6/1/2020

	REGULAR RATES & SELF-PAY RATES					COBRA RATES WITH 2% LOAD			
	NHP HMO	**DENTAL HMO**	**VISION**	**TOTAL**		**NHP HMO**	**DENTAL**	**VISION**	**TOTAL**
EE ONLY	$ 615.56	$ 11.41	$ 3.88	$ 630.85		$ 627.87	$ 11.64	$ 3.96	$ 643.47
EE + 1	$ 1,292.78	$ 22.26	$ 7.37	$ 1,322.41		$ 1,318.64	$ 22.71	$ 7.52	$ 1,348.86
FAMILY	$ 1,815.95	$ 36.52	$ 10.74	$ 1,863.21		$ 1,852.27	$ 37.25	$ 10.95	$ 1,900.47

	UHC HMO	**DENTAL PPO**	**VISION**	**TOTAL**		**UHC HMO**	**DENTAL**	**VISION**	**TOTAL**
EE ONLY	$ 849.54	$ 17.87	$ 3.88	$ 871.29		$ 866.53	$ 18.23	$ 3.96	$ 888.72
EE + 1	$ 1,784.15	$ 35.45	$ 7.37	$ 1,826.97		$ 1,819.83	$ 36.16	$ 7.52	$ 1,863.51
FAMILY	$ 2,506.20	$ 64.88	$ 10.74	$ 2,581.82		$ 2,556.32	$ 66.18	$ 10.95	$ 2,633.46

	POS	**DENTAL PPO**	**VISION**	**TOTAL**		**POS HMO**	**DENTAL**	**VISION**	**TOTAL**
EE ONLY	$ 849.54	$ 17.87	$ 3.88	$ 871.29		$ 866.53	$ 18.23	$ 3.96	$ 888.72
EE + 1	$ 1,784.15	$ 35.45	$ 7.37	$ 1,826.97		$ 1,819.83	$ 36.16	$ 7.52	$ 1,863.51
FAMILY	$ 2,506.20	$ 64.88	$ 10.74	$ 2,581.82		$ 2,556.32	$ 66.18	$ 10.95	$ 2,633.46