

Medical Group

Part-time 1

Medical					
Premier 250					
Semi-Monthly Pre-tax Cost Share		UVMHN Medical Group		Your Annual Cost	Annual Cost (You + UVMHN Medical Group)
Your Cost (30%)	Cost (70%)				
1 Person	118.27	275.97		\$2,838.48	\$9,461.64
2 Person	236.61	552.08		\$5,678.64	\$18,928.44
Family	313.47	731.44		\$7,523.28	\$25,077.72
Premier 400					
Per Pay Period Cost Share		UVMHN Medical Group		Your Annual Cost	Annual Cost (You + UVMHN Medical Group)
Your Cost (30%)	Cost (70%)				
1 Person	113.16	275.97		\$2,715.84	\$9,052.80
2 Person	236.61	552.08		\$5,678.64	\$18,110.64
Family	313.47	731.44		\$7,523.28	\$23,994.12
HDHP 1500					
Per Pay Period Cost Share		UVMHN Medical Group		Your Annual Cost	Annual Cost (You + UVMHN Medical Group)
Your Cost (28%)	Cost (72%)				
1 Person	97.04	249.53		\$2,328.96	\$8,317.44
2 Person	194.13	499.19		\$4,659.12	\$16,639.44
Family	257.20	661.35		\$6,172.80	\$22,045.08
HDHP 3000					
Per Pay Period Cost Share		UVMHN Medical Group		Your Annual Cost	Annual Cost (You + UVMHN Medical Group)
Your Cost (28%)	Cost (72%)				
1 Person	90.10	231.68		\$2,162.40	\$7,722.72
2 Person	180.25	463.49		\$4,326.00	\$15,449.64
Family	238.80	614.07		\$5,731.20	\$20,468.76
Dental					
Core					
Per Pay Period Cost Share		UVMHN Medical Group		Your Annual Cost	Annual Cost (You + UVMHN Medical Group)
Your Cost (35%)	Cost (65%)				
1 Person	\$7.53	\$13.98		\$180.72	\$516.00
2 Person	\$13.65	\$25.35		\$327.60	\$936.00
Family	\$24.85	\$46.15		\$596.40	\$1,704.00
Buy-up					
Per Pay Period Cost Share		UVMHN Medical Group		Your Annual Cost	Annual Cost (You + UVMHN Medical Group)
Your Cost (35%)	Cost (65%)				
1 Person	\$8.05	\$14.95		\$193.20	\$552.00
2 Person	\$14.70	\$27.30		\$352.80	\$1,008.00
Family	\$26.78	\$49.73		\$642.72	\$1,836.00
Vision					
Core					
Per Pay Period Cost Share		UVMHN Medical Group		Your Annual Cost	Annual Cost (You + UVMHN Medical Group)
Your Cost (100%)	Cost (0%)				
1 Person	\$2.83	\$0.00		\$68.90	\$67.80
2 Person	\$4.95	\$0.00		\$120.64	\$118.68
Family	\$7.06	\$0.00		\$172.12	\$169.32
Buy-up					
Per Pay Period Cost Share		UVMHN Medical Group		Your Annual Cost	Annual Cost (You + UVMHN Medical Group)
Your Cost (100%)	Cost (0%)				
1 Person	\$4.58	\$0.00		\$109.20	\$109.80
2 Person	\$8.01	\$0.00		\$191.36	\$192.24
Family	\$11.44	\$0.00		\$273.00	\$274.44