

Medical Group

Part-time 2

Medical				
Premier 250	Semi-Monthly Pre-tax Cost Share		Your Annual Cost	Annual Cost (You + UVMHN Medical Group)
	UVMHN Medical Group			
	Your Cost (40%)	Cost (60%)		
1 Person	157.70	236.54	\$3,784.80	\$9,461.64
2 Person	315.48	473.21	\$7,571.52	\$18,928.44
Family	417.96	626.95	\$10,031.04	\$25,077.72
Premier 400	Per Pay Period Cost Share		Your Annual Cost	Annual Cost (You + UVMHN Medical Group)
	UVMHN Medical Group			
	Your Cost (40%)	Cost (60%)		
1 Person	150.88	226.32	\$3,621.12	\$9,052.80
2 Person	301.85	452.77	\$7,244.40	\$18,110.64
Family	399.90	599.86	\$9,597.60	\$23,994.12
HDHP 1500	Per Pay Period Cost Share		Your Annual Cost	Annual Cost (You + UVMHN Medical Group)
	UVMHN Medical Group			
	Your Cost (38%)	Cost (62%)		
1 Person	131.70	214.87	\$3,160.80	\$8,317.44
2 Person	263.46	429.85	\$6,323.04	\$16,639.44
Family	349.05	569.50	\$8,377.20	\$22,045.08
HDHP 3000	Per Pay Period Cost Share		Your Annual Cost	Annual Cost (You + UVMHN Medical Group)
	UVMHN Medical Group			
	Your Cost (38%)	Cost (62%)		
1 Person	122.28	199.51	\$2,934.72	\$7,722.72
2 Person	244.62	399.12	\$5,870.88	\$15,449.64
Family	324.09	528.78	\$7,778.16	\$20,468.76
Dental				
Core	Per Pay Period Cost Share		Your Annual Cost	Annual Cost (You + UVMHN Medical Group)
	UVMHN Medical Group			
	Your Cost (75%)	Cost (25%)		
1 Person	\$16.13	\$5.38	\$387.12	\$516.00
2 Person	\$29.25	\$9.75	\$702.00	\$936.00
Family	\$53.52	\$17.75	\$1,284.48	\$1,704.00
Buy-up	Per Pay Period Cost Share		Your Annual Cost	Annual Cost (You + UVMHN Medical Group)
	UVMHN Medical Group			
	Your Cost (75%)	Cost (25%)		
1 Person	\$17.25	\$5.75	\$414.00	\$552.00
2 Person	\$31.50	\$10.50	\$756.00	\$1,008.00
Family	\$57.38	\$19.13	\$1,377.12	\$1,836.00
Vision				
Core	Per Pay Period Cost Share		Your Annual Cost	Annual Cost (You + UVMHN Medical Group)
	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		Your Annual Cost	Annual Cost (You + UVMHN Medical Group)
	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