

## Monthly Benefit Deductions

### FULL-TIME MONTHLY MEDICAL DEDUCTIONS

	UHC PPO	UHC HDHP
Employee Only	\$210.00	\$10.00
Employee + One	\$525.00	\$140.00
Family	\$550.00	\$150.00

### PART-TIME MONTHLY MEDICAL DEDUCTIONS

	UHC PPO	UHC HDHP
Employee Only	\$265.00	\$90.00
Employee + One	\$775.00	\$414.00
Family	\$820.00	\$451.00

### FULL –TIME MONTHLY DENTAL DEDUCTIONS

	UHC DENTAL
Employee Only	\$5.85
Employee + One	\$11.71
Family	\$15.80

### PART-TIME MONTHLY DENTAL DEDUCTIONS

	UHC DENTAL
Employee Only	\$14.63
Employee + One	\$29.26
Family	\$39.51

### MONTHLY VISION DEDUCTIONS

	VSP VISION PLAN
Employee Only	\$6.02
Employee + One	\$12.04
Family	\$19.38