

## United Healthcare Rates 2023 – 2024

The monthly employer contribution toward medical insurance is **\$634.16**.

| United Healthcare Doctors Plan Balanced \$1000 | Monthly Premium | District Pays Monthly | Employee Pays Monthly | COBRA      |
|--|-----------------|-----------------------|-----------------------|------------|
| Employee Only                                  | \$628.59        | \$634.16              | -\$5.57               | \$641.16   |
| Employee + Spouse                              | \$1,382.89      | \$634.16              | \$748.73              | \$1,410.55 |
| Employee + Children                            | \$1,131.45      | \$634.16              | \$497.29              | \$1,154.08 |
| Employee + Family                              | \$1,760.04      | \$634.16              | \$1,125.88            | \$1,795.24 |

| United Healthcare Doctors Plan Balanced \$2500 | Monthly Premium | District Pays Monthly | Employee Pays Monthly | COBRA      |
|--|-----------------|-----------------------|-----------------------|------------|
| Employee Only                                  | \$570.86        | \$634.16              | -\$63.30              | \$582.28   |
| Employee + Spouse                              | \$1,255.88      | \$634.16              | \$621.72              | \$1,281.00 |
| Employee + Children                            | \$1,027.54      | \$634.16              | \$393.38              | \$1,048.09 |
| Employee + Family                              | \$1,598.40      | \$634.16              | \$964.24              | \$1,630.37 |

| United Healthcare Doctors Plan HSA \$1500 | Monthly Premium | District Pays Monthly | Employee Pays Monthly | COBRA      |
|---|-----------------|-----------------------|-----------------------|------------|
| Employee Only                             | \$606.50        | \$634.16              | -\$27.66              | \$618.63   |
| Employee + Spouse                         | \$1,334.29      | \$634.16              | \$700.13              | \$1,360.98 |
| Employee + Children                       | \$1,091.69      | \$634.16              | \$457.53              | \$1,113.52 |
| Employee + Family                         | \$1,698.19      | \$634.16              | \$1,064.03            | \$1,732.15 |

| United Healthcare Doctors Plan HSA \$3000 | Monthly Premium | District Pays Monthly | Employee Pays Monthly | COBRA      |
|---|-----------------|-----------------------|-----------------------|------------|
| Employee Only                             | 542.19          | \$634.16              | -\$91.97              | \$553.03   |
| Employee + Spouse                         | 1192.81         | \$634.16              | \$558.65              | \$1,216.67 |
| Employee + Children                       | 975.93          | \$634.16              | \$341.77              | \$995.45   |
| Employee + Family                         | 1518.12         | \$634.16              | \$883.96              | \$1,548.48 |