

2019 Health Care Per Month - Clermont County

Medical Plans:

| UHC Copay | Per Month |
|------------------|------------------|
| SINGLE | \$ 639.54 |
| EE + SPOUSE | \$ 1342.02 |
| EE + CHILDREN | \$ 1111.74 |
| FAMILY | \$ 2097.54 |

| UHC HDP | Per Month |
|----------------|------------------|
| SINGLE | \$ 508.36 |
| EE + SPOUSE | \$ 1066.52 |
| EE + CHILDREN | \$ 882.14 |
| FAMILY | \$ 1664.58 |

Dental Plans:

| Full Coverage Plan | Per Month |
|---------------------------|------------------|
| SINGLE | \$26.28 |
| EE + SPOUSE | \$72.44 |
| EE + CHILDREN | \$66.70 |
| FAMILY | \$80.88 |

| Preventative Care Plan | Per Month |
|-------------------------------|------------------|
| SINGLE | \$14.90 |
| EE + SPOUSE | \$41.06 |
| EE + CHILDREN | \$37.80 |
| FAMILY | \$45.84 |

| Vision Plan | Per Month |
|--------------------|------------------|
| SINGLE | \$5.63 |
| EE + SPOUSE | \$11.83 |
| EE + CHILDREN | \$13.52 |
| FAMILY | \$16.15 |

Add 2% admin fee to determine COBRA rates.