2023 Medical & Dental Plan Costs

Medical Plans UnitedHealthcare Signature Value Advantage Plan		
includes VSP Vision at no cost	Per Pay Period	Per Month
Individual	\$31.50	\$68.25
Individual +1	\$63.00	\$136.50
Individual + Family	\$94.50	\$204.75
Retirees - through age 64	Per Pay Period	Per Month
Individual	n/a	\$129.65
Individual +1	n/a	\$266.49
Individual + Family	n/a	\$380.10
UnitedHealthcare Signa	ature Value Plan	
Active Employees –		
includes VSP Vision at no cost	Per Pay Period	Per Month
Individual	\$89.25	\$193.38
Individual +1	\$281.40	\$609.70
Individual + Family	\$399.00	\$864.50
Retirees - through age 64	Per Pay Period	Per Month
Individual	n/a	\$294.58
Individual +1	n/a	\$848.24
Individual + Family	n/a	\$1,209.31
Aetna High Dedu	ctible Plan	
Active Employees –		
includes VSP Vision at no cost	Per Pay Period	Per Month
Individual	\$101.85	\$220.68
Individual +1	\$288.75	\$625.62
Individual + Family	\$357.00	\$773.50
Retirees - through age 64	Per Pay Period	Per Month
Individual	n/a	\$324.20
Individual +1	n/a	\$838.83
Individual + Family	n/a	\$1,020.26
MetLife Denta	al Plan	
Active Employees, Scholars, Graduate Interns & LTD	Per Pay Period	Per Month
Individual	\$5.26	\$11.39
Individual +1	\$16.16	\$35.02
Individual + Family	\$28.09	\$60.87
VSP Vision Plan (not enrolle	ed in a medical plan)	
Active Employees, Scholars, Graduate Interns	Per Pay Period	Per Month
Individual	\$6.65	\$14.40
Individual +1	\$9.63	\$20.87
Individual + Family	\$17.14	\$37.14

In most cases, the required contributions are made through pre-tax payroll deductions. However, the portion of the premium attributed to coverage for a domestic partner is deducted on a post-tax basis for Federal taxes.