

2024-25 Health Premiums - United Healthcare as TPA

Monthly Amounts

Employee Only		Additional Dependents	
Annual Salary	Monthly	Coverage	Monthly
<\$25,000	\$ 15.00	Spouse	\$342.41
\$25,000-\$29,999	\$ 20.00	Child(ren)	\$303.65
\$30,000-\$39,999	\$ 33.83	Family	\$646.06
\$40,000-\$49,999	\$ 45.10		
\$50,000-\$59,999	\$ 56.38		
\$60,000-\$69,999	\$ 67.65	*If you are covering dependents, you must add your employee amount to the dependent amount above to get the total premium.	
\$70,000-\$79,999	\$ 78.93		
\$80,000-\$89,999	\$ 90.20		
\$90,000-\$99,999	\$ 101.48		
\$100,000-\$149,999	\$ 117.88		
>\$150,000	\$ 165.03		
FULL PREMIUM (RETIREEES)	\$ 679.30		

MetLife Dental

Coverage Option	Monthly
Employee Only	\$ 33.30
Employee + Spouse	\$ 67.78
Employee + Child(ren)	\$ 62.25
Family	\$ 96.73

MetLife Vision

Coverage Option	Monthly
Employee Only	\$ 6.98
Employee + Spouse	\$ 13.26
Employee + Child(ren)	\$ 13.94
Family	\$ 20.51