

## 2018 Health Care Per Month - Clermont County

### Medical Plans:

| <b>UHC Choice + Copay</b> | <b>Per Month</b> |
|---------------------------|------------------|
| SINGLE                    | \$ 580.40        |
| EE + CHILDREN             | \$ 1,015.73      |
| EE + SPOUSE               | \$ 1,218.84      |
| FAMILY                    | \$ 1,915.37      |

| <b>UHC Choice + HDP</b> | <b>Per Month</b> |
|-------------------------|------------------|
| SINGLE                  | \$ 459.44        |
| EE + CHILDREN           | \$ 804.06        |
| EE + SPOUSE             | \$ 964.83        |
| FAMILY                  | \$ 1,516.21      |

### Dental Plans:

| <b>Full Coverage Plan</b> | <b>Per Month</b> |
|---------------------------|------------------|
| SINGLE                    | \$25.39          |
| EE + CHILDREN             | \$64.40          |
| EE + SPOUSE               | \$69.95          |
| FAMILY                    | \$78.10          |

| <b>Preventative Care Plan</b> | <b>Per Month</b> |
|-------------------------------|------------------|
| SINGLE                        | \$14.39          |
| EE + CHILDREN                 | \$36.50          |
| EE + SPOUSE                   | \$39.64          |
| FAMILY                        | \$44.25          |

| <b>Vision Plan</b> | <b>Per Month</b> |
|--------------------|------------------|
| SINGLE             | \$6.06           |
| EE + CHILDREN      | \$14.10          |
| EE + SPOUSE        | \$13.46          |
| FAMILY             | \$16.48          |