Medical and both Preventive and Optional Dental Rates for active employees effective January 1, 2021

All premiums are monthly.
Coverage is effective the first day of the month following your date of hire, if enrolled within 31 days of eligibility.

You may enroll your dependents and/or yourself in the preventive dental and optional dental even if you are not enrolled in the health insurance.

$900 deductible per individual/$1800 per family

	Health Premium	Preventive Dental Premium	Optional Dental Premium	Total Premium Per Month	Deduct: State Contribution	Employee Contribution
Employee Only	$1,118.81	$22.15	$18.46	$1,159.42	$955.23	**$204.19**
Employee plus Child(ren)	$1,698.80	$48.92	$43.26	$1,790.98	$1,452.78	**$338.20**
Employee plus Spouse	$2,252.00	$48.92	$43.26	$2,344.18	$1,906.85	**$437.33**
Family (employee, spouse and child(ren))	$2,591.90	$48.92	$43.26	$2,684.08	$2,185.12	**$498.96**
Split (both spouses employed by UW &/or State and have child(ren))	$1,295.95	$24.46	$21.63	$1,342.04	$1,102.38	**$239.66**

$2,000 deductible per individual/$4,000 per family

	Health Premium	Preventive Dental Premium	Optional Dental Premium	Total Premium Per Month	Deduct: State Contribution	Employee Contribution
Employee Only	$1,031.89	$22.15	$18.46	$1,072.50	$955.23	**$117.27**
Employee plus Child(ren)	$1,566.41	$48.92	$43.26	$1,658.59	$1,452.78	**$205.81**
Employee plus Spouse	$2,077.00	$48.92	$43.26	$2,169.18	$1,906.85	**$262.33**
Family (employee, spouse and child(ren))	$2,388.16	$48.92	$43.26	$2,480.34	$2,185.12	**$295.22**
Split (both spouses employed by UW &/or State and have child(ren))	$1,194.08	$24.46	$21.63	$1,240.17	$1,102.38	**$137.79**

$4,000 deductible per individual/$8,000 per family

	Health Premium	Preventive Dental Premium	Optional Dental Premium	Total Premium Per Month	Deduct: State Contribution	Employee Contribution
Employee Only	$945.80	$22.15	$18.46	$986.41	$955.23	**$31.18**
Employee plus Child(ren)	$1,436.09	$48.92	$43.26	$1,528.27	$1,452.78	**$75.49**
Employee plus Spouse	$1,904.21	$48.92	$43.26	$1,996.39	$1,906.85	**$89.54**
Family (employee, spouse and child(ren))	$2,191.38	$48.92	$43.26	$2,283.56	$2,185.12	**$98.44**
Split (both spouses employed by UW &/or State and have child(ren))	$1,095.69	$24.46	$21.63	$1,141.78	$1,102.38	**$39.40**

$1,500 deductible (High Deductible Health Plan)

	Health Premium	Preventive Dental Premium	Optional Dental Premium	Total Premium Per Month	Deduct: State Contribution	Employee Contribution
Employee Only	$1,032.10	$22.15	$18.46	$1,072.71	$955.23	**$117.48**

$3,000 deductible (High Deductible Health Plan)

	Health Premium	Preventive Dental Premium	Optional Dental Premium	Total Premium Per Month	Deduct: State Contribution	Employee Contribution
Employee plus Child(ren)	$1,563.92	$48.92	$43.26	$1,656.10	$1,452.78	**$203.32**
Employee plus Spouse	$2,073.70	$48.92	$43.26	$2,165.88	$1,906.85	**$259.03**
Family (employee, spouse and child(ren))	$2,391.16	$48.92	$43.26	$2,483.34	$2,185.12	**$298.22**
Split (both spouses employed by UW &/or State and have child(ren))	$1,195.58	$24.46	$21.63	$1,241.67	$1,102.38	**$139.29**