

Contribution Rates

The charts below summarize your contribution rates for coverage in 2020.

UHC Medical Coverage

Monthly Contributions	
GW Health Savings Plan (HSP)	
Participant Only	\$574.20
Participant + SP/DP	\$1,205.81
Participant + Child(ren)	\$1,090.97
Family	\$1,722.59
GW PPO	
EE	\$642.19
EE+SP/DP	\$1,348.59
EE+ Child(ren)	\$1,220.16
Family	\$1,926.59

Dental Coverage

Monthly Contributions	
DMO	
Participant Only	\$14.98
Participant + One	\$34.25
Participant + Family	\$41.45
High PPO	
Participant Only	\$51.28
Participant + One	\$111.20
Participant + Family	\$134.55
Low PPO	
Participant Only	\$30.67
Participant + One	\$65.19
Participant + Family	\$78.91

UHC Vision Coverage

Monthly Contributions	
Basic	
Participant Only	\$5.09
Participant + One	\$9.42
Participant + Family	\$15.02
Enhanced	
Participant Only	\$7.38
Participant + One	\$13.67
Participant + Family	\$21.79