

# Contribution Rates

The charts below summarize your contribution rates for coverage in 2023.

## UHC Medical Coverage

### Monthly Contributions

#### GW Health Savings Plan (HSP)

Participant Only	\$647.93
Participant + SP/DP	\$1,360.66
Participant + Child(ren)	\$1,231.07
Family	\$1,943.80

#### GW PPO

EE	\$724.66
EE+SP/DP	\$1,521.78
EE+ Child(ren)	\$1,376.86
Family	\$2,173.99

## Dental Coverage

### Monthly Contributions

#### DMO

Participant Only	\$15.05
Participant + One	\$34.38
Participant + Family	\$41.62

#### High PPO

Participant Only	\$53.50
Participant + One	\$116.05
Participant + Family	\$140.40

#### Low PPO

Participant Only	\$32.01
Participant + One	\$68.03
Participant + Family	\$82.34

## UHC Vision Coverage

### Monthly Contributions

#### Basic

Participant Only	\$5.16
Participant + One	\$9.57
Participant + Family	\$15.25

#### Enhanced

Participant Only	\$7.50
Participant + One	\$13.87
Participant + Family	\$22.11