

Contribution Rates

The charts below summarize your contribution rates for coverage in 2024.

UHC Medical Coverage

Monthly Contributions

GW Health Savings Plan (HSP)

Participant Only	\$704.95
Participant + SP/DP	\$1,480.40
Participant + Child(ren)	\$1,339.40
Family	\$2,114.86

GW PPO

EE	\$788.43
EE+SP/DP	\$1,655.69
EE+ Child(ren)	\$1,498.02
Family	\$2,365.30

Dental Coverage

Monthly Contributions

DMO

Participant Only	\$15.65
Participant + One	\$35.76
Participant + Family	\$43.28

High PPO

Participant Only	\$55.64
Participant + One	\$120.69
Participant + Family	\$146.02

Low PPO

Participant Only	\$33.29
Participant + One	\$70.76
Participant + Family	\$85.64

UHC Vision Coverage

Monthly Contributions

Basic

Participant Only	\$5.14
Participant + One	\$9.52
Participant + Family	\$15.18

Enhanced

Participant Only	\$7.46
Participant + One	\$13.80
Participant + Family	\$22.00