



# HUNT COUNTY INSURANCE

BENEFIT YEAR: OCTOBER 1, 2023 – SEPTEMBER 30, 2024

## UNITED HEALTHCARE MEDICAL COVERAGE

ELECTION	MONTHLY AMOUNT	BI-WEEKLY DEDUCTION
<b>MEDICAL</b>		
<b>*EMPLOYEE ONLY</b>	<b>\$1,275.50</b>	<b>Employer paid</b>
CHILD	<b>\$145.50</b>	<b>\$72.75</b>
CHILDREN	<b>\$402.00</b>	<b>\$201.00</b>
SPOUSE	<b>\$1,095.30</b>	<b>\$547.65</b>
FAMILY	<b>1,135.96</b>	<b>\$567.98</b>

**\*EMPLOYER PAID**

## METLIFE DENTAL COVERAGE

ELECTION	MONTHLY AMOUNT	BI-WEEKLY DEDUCTION
<b>DENTAL</b>		
<b>*EMPLOYEE ONLY</b>	<b>\$27.52</b>	<b>Employer paid</b>
FAMILY	<b>\$44.09</b>	<b>\$22.05</b>

**\*EMPLOYER PAID**

## METLIFE VISION COVERAGE

ELECTION	MONTHLY AMOUNT	BI-WEEKLY DEDUCTION
<b>VISION</b>		
EMPLOYEE ONLY	<b>\$4.75</b>	<b>\$2.38</b>
EMPLOYEE + SPOUSE	<b>\$9.04</b>	<b>\$4.52</b>
EMPLOYEE + CHILD(REN)	<b>\$9.52</b>	<b>\$4.76</b>
EMPLOYEE + FAMILY	<b>\$14.01</b>	<b>\$7.01</b>