



Group Health Insurance: Blue Cross & Blue Shield of Alabama

Website: www.bcbsal.org

Phone Number: 1.800.239.5772

Type of Coverage/ Salary Amounts	PPO Plan Employee Pays	PPO Plan UAH Pays	HDHP Plan Employee Pays	HDHP Plan UAH Pays
Single Coverage:				
\$ 36,500 or less	\$ 33.50	\$ 311.50	\$ 30.00	\$ 275.00
\$ 36,501 – \$ 62,500	\$ 44.00	\$ 301.00		
\$ 62,501 – \$ 104,000	\$ 51.75	\$ 293.25		
over \$104,000	\$ 55.25	\$ 289.75		
Employee + Children:				
\$ 36,500 or less	\$ 76.00	\$ 464.00	\$ 100.00	\$ 363.00
\$ 36,501 – \$ 62,500	\$ 150.00	\$ 390.00		
\$ 62,501 – \$ 104,000	\$ 194.50	\$ 345.50		
over \$104,000	\$ 220.00	\$ 320.00		
Family:				
\$ 36,500 or less	\$ 91.25	\$ 668.75	\$ 150.00	\$ 490.00
\$ 36,501 – \$ 62,500	\$ 197.75	\$ 562.25		
\$ 62,501 – \$ 104,000	\$ 266.00	\$ 494.00		
over \$104,000	\$ 288.75	\$ 471.25		

Group Dental Insurance: Blue Cross & Blue Shield of Alabama

Website: www.bcbsal.org

Phone Number: 1.800.239.5772

TYPE OF COVERAGE	MONTHLY PREMIUM	BIMONTHLY PREMIUM
Basic Plan		
Single	\$ 18.78	\$ 9.39
Family	\$ 45.06	\$ 22.53
Comprehensive Plan		
Single	\$ 35.83	\$ 17.92
Family	\$ 81.00	\$ 40.50

Group Vision Insurance: VSP - Vision Service Plan

Website: www.vsp.com/go/UAH

Phone Number: 1.800.877.7195

TYPE OF COVERAGE	MONTHLY PREMIUM	BIMONTHLY PREMIUM
Single	\$ 8.08	\$ 4.04
Family	\$ 23.24	\$11.62

- Health, dental & vision premiums are paid from pre-tax dollars as allowed by Section 125 of the IRS code
- Premiums are deducted twice per month from the first two payroll checks issued in the month
- To calculate 9 month premiums, multiply premium by 24 and divide by 18 payroll checks.
- Insurance is effective the first day of the month following start of employment/eligibility.