

Group Health Insurance | Blue Cross and Blue Shield of Alabama | bcbsal.org | 800.239.5772

Type of Coverage/ Salary Tiers	PPO Plan Employee Cost	PPO Plan UAH Cost	HDHP Plan Employee Cost	HDHP Plan UAH Cost
Single				
\$ 40,000 or less	\$ 35.50	\$ 320.00	\$ 30.00	\$ 275.00
\$ 40,001 –\$ 80,000	\$ 48.00	\$ 307.50		
Over \$ 80,001	\$ 57.00	\$ 298.50		
Employee and Children				
\$ 40,000 or less	\$ 79.00	\$ 476.00	\$100.00	\$363.00
\$ 40,001 –\$ 80,000	\$ 164.00	\$ 391.00		
Over \$ 80,001	\$ 205.25	\$ 349.75		
Family				
\$ 40,000 or less	\$ 95.00	\$ 695.00	\$150.00	\$490.00
\$ 40,001 –\$ 80,000	\$ 221.25	\$ 568.75		
Over \$ 80,001	\$ 284.50	\$ 505.50		

Group Dental Insurance | Blue Cross and Blue Shield of Alabama | bcbsal.org | 800.239.5772

Type of Coverage	Employee Cost	Monthly Cost
Single	\$ 15.14	\$ 30.27
Employee + One Dependent	\$ 29.67	\$ 59.33
Family	\$ 37.91	\$ 75.81

Group Vision Insurance | VSP – Vision Service Plan | vsp.com/go/UAH | 800.877.7195

Type of Coverage	Employee Cost	Monthly Cost
Single	\$ 4.04	\$ 8.08
Employee + One Dependent	\$ 8.79	\$ 17.58
Family	\$ 14.15	\$ 28.30

Key Factors

- 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.