



HUNT COUNTY INSURANCE

BENEFIT YEAR: OCTOBER 1, 2022 – SEPTEMBER 30, 2023

UNITED HEALTHCARE MEDICAL COVERAGE

ELECTION	MONTHLY AMOUNT	BI-WEEKLY DEDUCTION
MEDICAL		
EMPLOYEE ONLY*	\$1,075.08	Employer paid
CHILD	\$245.14	\$122.57
CHILDREN	\$510.34	\$255.17
SPOUSE	\$1,196.72	\$598.36
FAMILY	\$1,235.44	\$617.72

***EMPLOYER PAID**

METLIFE DENTAL COVERAGE

ELECTION	MONTHLY AMOUNT	BI-WEEKLY DEDUCTION
DENTAL		
EMPLOYEE ONLY*	\$25.96	Employer paid
FAMILY	\$41.60	\$20.80

***EMPLOYER PAID**

METLIFE VISION COVERAGE

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

ALL dependent coverage **MUST** be applied for within thirty (30) days of hire or within thirty (30) days of event (newborn, adoption, loss of coverage, etc.).