Moylan's Insurance Underwriters

NetCare Health Insurance

Contract Period: FY23



dvantage POS	S Plan plus V	ision (NO I	DEDUCTIBLE)	[		
3	•	•	•		Employee	RCUOG
Class	Medical	Vision	Total Monthly Rate	26PPE rate	30%	70%
Single	274.95	7.37	282.32	130.30	39.09	91.2
Couple	550.64	14.74	565.38	260.94	78.28	182.6
Family	886.39	20.00	906.39	418.33	125.50	292.8
nartChoice H	SA \$1,500/\$	3,000 plus	Vision			
					Employee	RCUOG
Class	Medical	Vision	Total Monthly Rate	26PPE rate	30%	70%
Single	131.79	7.37	139.16	64.23	19.27	44.9
Couple	265.52	14.74	280.26	129.35	38.81	90.5
Family	428.23	20.00	448.23	206.88	62.06	144.8
ntal - Smile	Plan \$1,000	Max				
					Employee	RCUOG
Class			Total Monthly Rate	26PPE rate	30%	70%
Single			41.05	18.95	5.68	13.2
Couple			77.90	35.95	10.79	25.2
Family			104.21	48.10	14.43	33.6