Moylan's Insurance Underwriters

NetCare Health Insurance

Contract Period: FY24



					Employee	RCUOG
Class	Medical	Vision	Total Monthly Rate	26PPE rate	30%	70%
Single	361.04	7.37	368.41	170.04	51.01	119.
Couple	719.43	14.74	734.17	338.85	101.65	237.
Family	1,155.91	20.00	1,175.91	542.73	162.82	379.
rtChoice H	SA \$1,600/\$3	3,000 plus \	/ision			
					Employee	RCUOG
Class	Medical	Vision	Total Monthly Rate	26PPE rate	30%	70%
Single	142.73	7.37	150.10	69.28	20.78	48.
Couple	283.15	14.74	297.89	137.49	41.25	96.
Family	453.99	20.00	473.99	218.76	65.63	153.
tal - Smile I	Plan <b>\$1,000</b> N	lax				
					Employee	RCUOG
Class			Total Monthly Rate	26PPE rate	30%	70%
Single			41.05	18.95	5.68	13.
Couple			77.90	35.95	10.79	25.
Family			104.21	48.10	14.43	33.