## Invited Clubs 2025 Medical Plan Weekly Rates

AETNA SIMPLEPAY HEALTH PLAN				
	<b>With Screening</b>		No Screening	
	Weekly Rate		Weekly Rate	Weekly Surcharge
Employee Only	\$39.79	Employee Only	\$54.79	\$15.00
Employee + Spouse	\$119.08	Employee + Spouse Employee OR Spouse Without Screening	\$134.08	\$15.00
		<b>Employee + Spouse</b> Employee <u>AND</u> Spouse Without Screening	\$149.08	\$30.00
Employee + Child(ren)	\$98.02	Employee + Child(ren)	\$113.02	\$15.00
Employee + Family	\$149.86	Employee + Family Employee OR Spouse Without Screening	\$164.86	\$15.00
		Employee + Family Employee AND Spouse Without Screening	\$179.86	\$30.00

UHC HIGH DEDUCTIBLE HEALTH PLAN				
	With Screening		No Screening	
	Weekly Rate		<b>Weekly Rate</b>	Weekly Surcharge
Employee Only	\$21.96	Employee Only	\$36.96	\$15.00
Employee + Spouse	\$98.82	Employee + Spouse Employee OR Spouse Without Screening	\$113.82	\$15.00
		<b>Employee + Spouse</b> Employee <u>AND</u> Spouse Without Screening	\$128.82	\$30.00
Employee + Child(ren)	\$79.06	Employee + Child(ren)	\$94.06	\$15.00
Employee + Family	\$127.37	Employee + Family Employee OR Spouse Without Screening	\$142.37	\$15.00
		Employee + Family Employee AND Spouse Without Screening	\$157.37	\$30.00

UHC CHOICE PLUS PLAN				
	With Screening		No Screening	
	Weekly Rate		Weekly Rate	Weekly Surcharge
Employee Only	\$52.19	Employee Only	\$67.19	\$15.00
Employee + Spouse	\$156.56	Employee + Spouse Employee OR Spouse Without Screening	\$171.56	\$15.00
		Employee + Spouse Employee AND Spouse Without Screening	\$186.56	\$30.00
Employee + Child(ren)	\$128.87	Employee + Child(ren)	\$143.87	\$15.00
Employee + Family	\$197.03	Employee + Family Employee OR Spouse Without Screening	\$212.03	\$15.00
		Employee + Family Employee AND Spouse Without Screening	\$227.03	\$30.00

UHC HEALTHLY START MEC PLAN				
	With Screening		No Screening	
	Weekly Rate		Weekly Rate	Weekly Surcharge
Employee Only	\$14.50	Employee Only	\$21.00	\$6.50
Employee + Spouse	\$26.04	Employee + Spouse Employee OR Spouse Without Screening	\$32.54	\$6.50
		Employee + Spouse Employee <u>AND</u> Spouse Without Screening	\$39.04	\$13.00
Employee + Child(ren)	\$26.04	Employee + Child(ren)	\$32.54	\$6.50
Employee + Family	\$26.04	Employee + Family Employee OR Spouse Without Screening	\$32.54	\$6.50
		Employee + Family Employee AND Spouse Without Screening	\$39.04	\$13.00