CONTRIBUTION RATES

Below are monthly contribution rates.

	Single Rate	Family Rate
It's Your Choice Health Plan* **Medical with Dental**	$88.00	$219.00
UW Graduate Assistants**	$45.50	$113.50
It's Your Choice Health Plan* **Medical without Dental**	$85.00	$211.00
UW Graduate Assistants**	$42.50	$105.50
It's Your Choice HDHP* **Medical with Dental** Lower premium; higher deductible & OOPL	$33.00	$82.00
It's Your Choice HDHP* **Medical without Dental** Lower premium; higher deductible & OOPL	$30.00	$74.00
It's Your Choice Access Health Plan* **Medical with Dental** Higher premium, increased provider flexibility	$266.00	$664.00
UW Graduate Assistants**	$134.50	$336.00
It's Your Choice Access Health Plan* **Medical without Dental** Higher premium, increased provider flexibility	$263.00	$656.00
UW Graduate Assistants**	$131.50	$328.00
It's Your Choice Access HDHP* **Medical with Dental** Increased provider flexibility, lower premium, higher deductible & OOPL	$211.00	$527.00
It's Your Choice Access HDHP **Medical without Dental** Increased provider flexibility, lower premium, higher deductible & OOPL	$208.00	$519.00

Employees appointed to work fewer than 1,040 hours (50% of full time) pay 50% of the total monthly premium.

* UW System, UW Hospital and Clinics or other quasi-governmental authorities: direct premium contribution amount questions to your benefits/payroll/personnel office.

** Not eligible for the It's Your Choice HDHP.

HDHP= High Deductible Health Plan OOPL= out-of-pocket limit

Out-of-State Residents Assigned to Work Out of State
Monthly Contribution Rates

	It's Your Choice Access Health Plan* **Medical with Dental** Higher premium, increased provider flexibility	
	Single Rate	Family Rate
	$138.00	$347.00
	UW Graduate Assistants**	
	Single Rate	Family Rate
	$70.50	$177.50
	It's Your Choice Access Health Plan* **Medical without Dental** Higher premium, increased provider flexibility	
	Single Rate	Family Rate
	$135.00	$339.00
	UW Graduate Assistants**	
	Single Rate	Family Rate
	$67.50	$169.50
	It's Your Choice Access HDHP* **Medical with Dental** Increased provider flexibility, lower premium, higher deductible & OOPL	
	Single Rate	Family Rate
	$83.00	$210.00
	It's Your Choice Access HDHP **Medical without Dental** Increased provider flexibility, lower premium, higher deductible & OOPL	
	Single Rate	Family Rate
	$80.00	$202.00

Employees appointed to work fewer than 1,040 hours (50% of full time) pay 50% of the total monthly premium.

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** Not eligible for the It's Your Choice HDHP.

HDHP= High Deductible Health Plan OOPL= out-of-pocket limit