



**Dovetail Group & ADP Co-employment Medical Costs
Coverage Through United Health Care - 6/1/2026-5/31/2027**

Plan Option	Monthly Cost			
	Monthly Cost Employee Only	Monthly Cost Employee and Spouse	Employee and Children (regardless of # of kids)	Monthly Cost Employee and Family
High Deductible Health Plan (HDHP) – \$6000 deductible 100% co-insurance and Health Savings Account (HSA)	\$727.59	\$1,557.04	\$1,451.54	\$2,255.53
High Deductible Health Plan (HDHP) – \$3400 deductible 100% co-insurance and Health Savings Account (HSA)	\$956.79	\$2,047.52	\$1,908.78	\$2,966.04
High Deductible Health Plan (HDHP) – \$4000 deductible 100% co-insurance and Health Savings Account (HSA)	\$772.57	\$1,653.31	\$1,541.28	\$2,394.97
Point of Service (POS) – \$3000 deductible 80% co-insurance /\$25 copay and Flexible Savings Account (FSA)	\$925.28	\$1,980.11	\$1,845.95	\$2,868.39
Point of Service (POS) – \$1500 deductible 20% co-insurance/\$25 copay and Flexible Savings Account (FSA)	\$1,087.42	\$2,327.08	\$2,169.41	\$3,371.00

All of these costs reflect the dollar amount BEFORE the employer contribution of \$525 per month. Actual fee paid by employee is the dollar amount listed - \$525.

	Monthly Cost Employee Only	Monthly Cost Employee and Spouse	Monthly Cost Employee and Children (regardless of # of kids)	Monthly Cost Employee and Family
Health Savings Account (no employer contribution)	Employee Contribution			
Group Life \$50,000 base coverage	\$0	N/A	N/A	N/A
Long Term Disability	\$0	N/A	N/A	N/A
Delta Dental PPO 2000 maximum benefit	\$42.91	\$80.23	\$81.05	\$132.75
Delta Dental PPO 1000 maximum benefit	\$28.91	\$54.06	\$54.62	\$89.45
Vision - VSP Choice Vision Plan	\$6.46	\$12.93	\$13.84	\$22.12