

Classified (CSEA) 01/01/2023 - 12/31/2023 Health Benefit Rates							
	Hours	Employee Only		Employee + 1		Employee + 2 or More	
		Employee	District	Employee	District	Employee	District
UHC Signature Value Alliance \$10	4 to < 5	469.32	431.88	959.04	885.36	1,338.36	1,259.64
	5 to < 6	433.33	467.87	885.26	959.14	1,233.39	1,364.61
	6 to < 7	289.37	611.83	590.14	1,254.26	813.51	1,784.49
	7 to < 8	253.38	647.82	516.36	1,328.04	708.54	1,889.46
	8.0	181.40	719.80	368.80	1,475.60	498.60	2,099.40
Total Premium			901.20		1,844.40		2,598.00
UHC Harmony \$10	4 to < 5	394.92	431.88	801.84	885.36	1,129.56	1,259.64
	5 to < 6	358.93	467.87	728.06	959.14	1,024.59	1,364.61
	6 to < 7	214.97	611.83	432.94	1,254.26	604.71	1,784.49
	7 to < 8	178.98	647.82	359.16	1,328.04	499.74	1,889.46
	8.0	107.00	719.80	211.60	1,475.60	289.80	2,099.40
Total Premium			826.80		1,687.20		2,389.20
UHC HMO Network 2 No New Enrollees	4 to < 5	613.32	431.88	1,263.84	885.36	1,788.36	1,259.64
	5 to < 6	577.33	467.87	1,190.06	959.14	1,683.39	1,364.61
	6 to < 7	433.37	611.83	894.94	1,254.26	1,263.51	1,784.49
	7 to < 8	397.38	647.82	821.16	1,328.04	1,158.54	1,889.46
	8.0	325.40	719.80	673.60	1,475.60	948.60	2,099.40
Total Premium			1,045.20		2,149.20		3,048.00
UHC Journey Plan Harmony w/ HRA	4 to < 5	0.00	547.20	445.92	668.88	633.12	949.68
	5 to < 6	0.00	547.20	390.18	724.62	553.98	1,028.82
	6 to < 7	0.00	547.20	167.22	947.58	237.42	1,345.38
	7 to < 8	0.00	547.20	111.48	1,003.32	158.28	1,424.52
	8.0	0.00	547.20	0.00	1,114.80	0.00	1,582.80
Total Premium			547.20		1,114.80		1,582.80
UHC Signature Value Alliance Low Option (\$2000 Deductible)	4 to < 5	224.16	336.24	459.36	689.04	655.20	982.80
	5 to < 6	196.14	364.26	401.94	746.46	573.30	1,064.70
	6 to < 7	84.06	476.34	172.26	976.14	245.70	1,392.30
	7 to < 8	56.04	504.36	114.84	1,033.56	163.80	1,474.20
	8.0	0.00	560.40	0.00	1,148.40	0.00	1,638.00
Total Premium			560.40		1,148.40		1,638.00
UHC PPO	4 to < 5	1,279.32	431.88	2,675.04	885.36	3,815.16	1,259.64
	5 to < 6	1,243.33	467.87	2,601.26	959.14	3,710.19	1,364.61
	6 to < 7	1,099.37	611.83	2,306.14	1,254.26	3,290.31	1,784.49
	7 to < 8	1,063.38	647.82	2,232.36	1,328.04	3,185.34	1,889.46
	8.0	991.40	719.80	2,084.80	1,475.60	2,975.40	2,099.40
Total Premium			1,711.20		3,560.40		5,074.80
Cigna Select Medical HMO	4 to < 5	684.12	431.88	1,443.84	885.36	2,063.16	1,259.64
	5 to < 6	648.13	467.87	1,370.06	959.14	1,958.19	1,364.61
	6 to < 7	504.17	611.83	1,074.94	1,254.26	1,538.31	1,784.49
	7 to < 8	468.18	647.82	1,001.16	1,328.04	1,433.34	1,889.46
	8.0	396.20	719.80	853.60	1,475.60	1,223.40	2,099.40
Total Premium			1,116.00		2,329.20		3,322.80
Kaiser	4 to < 5	447.72	431.88	923.04	885.36	1,304.76	1,259.64
	5 to < 6	411.73	467.87	849.26	959.14	1,199.79	1,364.61
	6 to < 7	267.77	611.83	554.14	1,254.26	779.91	1,784.49
	7 to < 8	231.78	647.82	480.36	1,328.04	674.94	1,889.46
	8.0	159.80	719.80	332.80	1,475.60	465.00	2,099.40
Total Premium			879.60		1,808.40		2,564.40
Kaiser 25/40 Low Plan	4 to < 5	394.92	431.88	813.84	885.36	1,149.96	1,259.64
	5 to < 6	358.93	467.87	740.06	959.14	1,044.99	1,364.61
	6 to < 7	214.97	611.83	444.94	1,254.26	625.11	1,784.49
	7 to < 8	178.98	647.82	371.16	1,328.04	520.14	1,889.46
	8.0	107.00	719.80	223.60	1,475.60	310.20	2,099.40
Total Premium			826.80		1,699.20		2,409.60

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	Hours	Employee Only		Employee + 1		Employee + 2 or More	
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Delta Dental PPO	4 to < 6	24.78	40.38	53.79	87.62	73.13	119.12
	6 to < 8	10.10	55.06	21.93	119.48	29.81	162.44
	8.0	6.43	58.73	13.96	127.45	18.98	173.27
Total Premium			65.16		141.41		192.25
Delta Dental HMO	4 to < 6	5.82	12.80	11.44	25.17	16.92	37.21
	6 to < 8	1.16	17.46	2.29	34.32	3.38	50.75
	8.0	0.00	18.62	0.00	36.61	0.00	54.13
Total Premium			18.62		36.61		54.13
Vision Serv Plan	4 to < 6	6.85	8.61	13.18	16.53	19.85	24.92
	6 to < 8	3.72	11.74	7.16	22.55	10.79	33.98
	8.0	2.94	12.52	5.66	24.05	8.52	36.25
Total Premium			15.46		29.71		44.77