

**Classified (CSEA) 01/01/2024 - 12/31/2024
Health Benefit Rates**

	Hours	Employee Only		Employee + 1		Employee + 2 or More	
		Employee	District	Employee	District	Employee	District
UHC CS VEBA Signature Value Alliance \$10	4 to < 5	541.32	431.88	1,106.64	885.36	1,545.96	1,259.64
	5 to < 6	505.33	467.87	1,032.86	959.14	1,440.99	1,364.61
	6 to < 7	361.37	611.83	737.74	1,254.26	1,021.11	1,784.49
	7 to < 8	325.38	647.82	663.96	1,328.04	916.14	1,889.46
	8.0	253.40	719.80	516.40	1,475.60	706.20	2,099.40
	Total Premium			973.20		1,992.00	
UHC Harmony HMO \$10	4 to < 5	457.32	431.88	929.04	885.36	1,310.76	1,259.64
	5 to < 6	421.33	467.87	855.26	959.14	1,205.79	1,364.61
	6 to < 7	277.37	611.83	560.14	1,254.26	785.91	1,784.49
	7 to < 8	241.38	647.82	486.36	1,328.04	680.94	1,889.46
	8.0	169.40	719.80	338.80	1,475.60	471.00	2,099.40
	Total Premium			889.20		1,814.40	
UHC Harmony HMO Journey w/ HRA	4 to < 5	0.00	584.40	476.64	714.96	676.80	1,015.20
	5 to < 6	0.00	584.40	417.06	774.54	592.20	1,099.80
	6 to < 7	0.00	584.40	178.74	1,012.86	253.80	1,438.20
	7 to < 8	0.00	584.40	119.16	1,072.44	169.20	1,522.80
	8.0	0.00	584.40	0.00	1,191.60	0.00	1,692.00
	Total Premium			584.40		1,191.60	
NEW! UHC CS VEBA Alliance HMO Journey w/ HRA	4 to < 5	238.56	357.84	490.08	735.12	699.36	1,049.04
	5 to < 6	208.74	387.66	428.82	796.38	611.94	1,136.46
	6 to < 7	89.46	506.94	183.78	1,041.42	262.26	1,486.14
	7 to < 8	59.64	536.76	122.52	1,102.68	174.84	1,573.56
	8.0	0.00	596.40	0.00	1,225.20	0.00	1,748.40
	Total Premium			596.40		1,225.20	
UHC PPO	4 to < 5	1,383.72	431.88	2,891.04	885.36	4,124.76	1,259.64
	5 to < 6	1,347.73	467.87	2,817.26	959.14	4,019.79	1,364.61
	6 to < 7	1,203.77	611.83	2,522.14	1,254.26	3,599.91	1,784.49
	7 to < 8	1,167.78	647.82	2,448.36	1,328.04	3,494.94	1,889.46
	8.0	1,095.80	719.80	2,300.80	1,475.60	3,285.00	2,099.40
	Total Premium			1,815.60		3,776.40	
Cigna Select HMO \$10	4 to < 5	787.32	431.88	1,658.64	885.36	2,370.36	1,259.64
	5 to < 6	751.33	467.87	1,584.86	959.14	2,265.39	1,364.61
	6 to < 7	607.37	611.83	1,289.74	1,254.26	1,845.51	1,784.49
	7 to < 8	571.38	647.82	1,215.96	1,328.04	1,740.54	1,889.46
	8.0	499.40	719.80	1,068.40	1,475.60	1,530.60	2,099.40
	Total Premium			1,219.20		2,544.00	
Kaiser HMO \$15	4 to < 5	558.12	431.88	1,151.04	885.36	1,627.56	1,259.64
	5 to < 6	522.13	467.87	1,077.26	959.14	1,522.59	1,364.61
	6 to < 7	378.17	611.83	782.14	1,254.26	1,102.71	1,784.49
	7 to < 8	342.18	647.82	708.36	1,328.04	997.74	1,889.46
	8.0	270.20	719.80	560.80	1,475.60	787.80	2,099.40
	Total Premium			990.00		2,036.40	
Kaiser HMO \$25/ 40 Low Option	4 to < 5	499.32	431.88	1,027.44	885.36	1,453.56	1,259.64
	5 to < 6	463.33	467.87	953.66	959.14	1,348.59	1,364.61
	6 to < 7	319.37	611.83	658.54	1,254.26	928.71	1,784.49
	7 to < 8	283.38	647.82	584.76	1,328.04	823.74	1,889.46
	8.0	211.40	719.80	437.20	1,475.60	613.80	2,099.40
	Total Premium			931.20		1,912.80	

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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 Service 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