

**Management (CUMA) 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	0.50	692.20	281.00	1,415.00	577.00	1,992.00	813.60
	0.60	636.00	337.20	1,299.60	692.40	1,829.28	976.32
	0.70	579.80	393.40	1,184.20	807.80	1,666.56	1,139.04
	0.75	551.70	421.50	1,126.50	865.50	1,585.20	1,220.40
	0.80	523.60	449.60	1,068.80	923.20	1,503.84	1,301.76
	0.90	467.40	505.80	953.40	1,038.60	1,341.12	1,464.48
	1.00	411.20	562.00	838.00	1,154.00	1,178.40	1,627.20
	<b>Total Premium</b>			<b>973.20</b>		<b>1,992.00</b>	
UHC Harmony HMO \$10	0.50	608.20	281.00	1,237.40	577.00	1,756.80	813.60
	0.60	552.00	337.20	1,122.00	692.40	1,594.08	976.32
	0.70	495.80	393.40	1,006.60	807.80	1,431.36	1,139.04
	0.75	467.70	421.50	948.90	865.50	1,350.00	1,220.40
	0.80	439.60	449.60	891.20	923.20	1,268.64	1,301.76
	0.90	383.40	505.80	775.80	1,038.60	1,105.92	1,464.48
	1.00	327.20	562.00	660.40	1,154.00	943.20	1,627.20
	<b>Total Premium</b>			<b>889.20</b>		<b>1,814.40</b>	
UHC Harmony HMO Journey w/ HRA	0.50	303.40	281.00	614.60	577.00	878.40	813.60
	0.60	247.20	337.20	499.20	692.40	715.68	976.32
	0.70	191.00	393.40	383.80	807.80	552.96	1,139.04
	0.75	162.90	421.50	326.10	865.50	471.60	1,220.40
	0.80	134.80	449.60	268.40	923.20	390.24	1,301.76
	0.90	78.60	505.80	153.00	1,038.60	227.52	1,464.48
	1.00	22.40	562.00	37.60	1,154.00	64.80	1,627.20
	<b>Total Premium</b>			<b>584.40</b>		<b>1,191.60</b>	
NEW! UHC CS VEBA Alliance HMO Journey w/ HRA	0.50	315.40	281.00	648.20	577.00	934.80	813.60
	0.60	259.20	337.20	532.80	692.40	772.08	976.32
	0.70	203.00	393.40	417.40	807.80	609.36	1,139.04
	0.75	174.90	421.50	359.70	865.50	528.00	1,220.40
	0.80	146.80	449.60	302.00	923.20	446.64	1,301.76
	0.90	90.60	505.80	186.60	1,038.60	283.92	1,464.48
	1.00	34.40	562.00	71.20	1,154.00	121.20	1,627.20
	<b>Total Premium</b>			<b>596.40</b>		<b>1,225.20</b>	
UHC PPO	0.50	1,515.33	300.27	3,153.68	622.72	4,497.85	886.55
	0.60	1,455.28	360.32	3,029.14	747.26	4,320.55	1,063.85
	0.70	1,395.23	420.37	2,904.59	871.81	4,143.24	1,241.16
	0.75	1,365.20	450.40	2,842.32	934.08	4,054.58	1,329.82
	0.80	1,335.18	480.42	2,780.05	996.35	3,965.93	1,418.47
	0.90	1,275.12	540.48	2,655.50	1,120.90	3,788.62	1,595.78
	1.00	1,215.07	600.53	2,530.96	1,245.44	3,611.31	1,773.09
	<b>Total Premium</b>			<b>1,815.60</b>		<b>3,776.40</b>	
Cigna Select HMO	0.50	938.20	281.00	1,967.00	577.00	2,816.40	813.60
	0.60	882.00	337.20	1,851.60	692.40	2,653.68	976.32
	0.70	825.80	393.40	1,736.20	807.80	2,490.96	1,139.04
	0.75	797.70	421.50	1,678.50	865.50	2,409.60	1,220.40
	0.80	769.60	449.60	1,620.80	923.20	2,328.24	1,301.76
	0.90	713.40	505.80	1,505.40	1,038.60	2,165.52	1,464.48
	1.00	657.20	562.00	1,390.00	1,154.00	2,002.80	1,627.20
	<b>Total Premium</b>			<b>1,219.20</b>		<b>2,544.00</b>	
Kaiser HMO \$15	0.50	709.00	281.00	1,459.40	577.00	2,073.60	813.60
	0.60	652.80	337.20	1,344.00	692.40	1,910.88	976.32
	0.70	596.60	393.40	1,228.60	807.80	1,748.16	1,139.04
	0.75	568.50	421.50	1,170.90	865.50	1,666.80	1,220.40
	0.80	540.40	449.60	1,113.20	923.20	1,585.44	1,301.76
	0.90	484.20	505.80	997.80	1,038.60	1,422.72	1,464.48
	1.00	428.00	562.00	882.40	1,154.00	1,260.00	1,627.20
	<b>Total Premium</b>			<b>990.00</b>		<b>2,036.40</b>	
Kaiser HMO \$25/ 40 Low Option	0.50	650.20	281.00	1,335.80	577.00	1,899.60	813.60
	0.60	594.00	337.20	1,220.40	692.40	1,736.88	976.32
	0.70	537.80	393.40	1,105.00	807.80	1,574.16	1,139.04
	0.75	509.70	421.50	1,047.30	865.50	1,492.80	1,220.40
	0.80	481.60	449.60	989.60	923.20	1,411.44	1,301.76
	0.90	425.40	505.80	874.20	1,038.60	1,248.72	1,464.48
	1.00	369.20	562.00	758.80	1,154.00	1,086.00	1,627.20
	<b>Total Premium</b>			<b>931.20</b>		<b>1,912.80</b>	

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	Hours	Employee Only		Employee + 1		Employee + 2 or More	
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<b>Delta Dental PPO</b>	0.50	35.79	29.37	77.68	63.73	105.61	86.64
	0.60	29.92	35.24	64.94	76.47	88.29	103.96
	0.70	24.05	41.11	52.19	89.22	70.96	121.29
	0.75	21.11	44.05	45.82	95.59	62.30	129.95
	0.80	18.18	46.98	39.45	101.96	53.63	138.62
	0.90	12.30	52.86	26.70	114.71	36.31	155.94
	1.00	6.43	58.73	13.96	127.45	18.98	173.27
<b>Total Premium</b>			<b>65.16</b>		<b>141.41</b>		<b>192.25</b>
<b>Delta Dental HMO</b>	0.50	9.31	9.31	18.30	18.31	27.06	27.07
	0.60	7.45	11.17	14.64	21.97	21.65	32.48
	0.70	5.59	13.03	10.98	25.63	16.24	37.89
	0.75	4.65	13.97	9.15	27.46	13.53	40.60
	0.80	3.72	14.90	7.32	29.29	10.83	43.30
	0.90	1.86	16.76	3.66	32.95	5.41	48.72
	1.00	0.00	18.62	0.00	36.61	0.00	54.13
<b>Total Premium</b>			<b>18.62</b>		<b>36.61</b>		<b>54.13</b>
<b>Vision Service Plan</b>	0.50	9.20	6.26	17.68	12.03	26.64	18.13
	0.60	7.95	7.51	15.28	14.43	23.02	21.75
	0.70	6.70	8.76	12.87	16.84	19.39	25.38
	0.75	6.07	9.39	11.67	18.04	17.58	27.19
	0.80	5.44	10.02	10.47	19.24	15.77	29.00
	0.90	4.19	11.27	8.06	21.65	12.14	32.63
	1.00	2.94	12.52	5.66	24.05	8.52	36.25
<b>Total Premium</b>			<b>15.46</b>		<b>29.71</b>		<b>44.77</b>