

Classified (CSEA) 07/01/2024 - 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	517.74	455.46	1,059.48	932.52	1,475.22	1,330.38
	5 to < 6	479.78	493.42	981.77	1,010.23	1,364.35	1,441.25
	6 to < 7	327.96	645.24	670.93	1,321.07	920.89	1,884.71
	7 to < 8	290.01	683.19	593.22	1,398.78	810.03	1,995.57
	8.0	214.10	759.10	437.80	1,554.20	588.30	2,217.30
Total Premium			973.20		1,992.00		2,805.60
UHC Harmony HMO \$10	4 to < 5	433.74	455.46	881.88	932.52	1,240.02	1,330.38
	5 to < 6	395.78	493.42	804.17	1,010.23	1,129.15	1,441.25
	6 to < 7	243.96	645.24	493.33	1,321.07	685.69	1,884.71
	7 to < 8	206.01	683.19	415.62	1,398.78	574.83	1,995.57
	8.0	130.10	759.10	260.20	1,554.20	353.10	2,217.30
Total Premium			889.20		1,814.40		2,570.40
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		1,692.00
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		1,748.40
UHC PPO	4 to < 5	1,360.14	455.46	2,843.88	932.52	4,054.02	1,330.38
	5 to < 6	1,322.18	493.42	2,766.17	1,010.23	3,943.15	1,441.25
	6 to < 7	1,170.36	645.24	2,455.33	1,321.07	3,499.69	1,884.71
	7 to < 8	1,132.41	683.19	2,377.62	1,398.78	3,388.83	1,995.57
	8.0	1,056.50	759.10	2,222.20	1,554.20	3,167.10	2,217.30
Total Premium			1,815.60		3,776.40		5,384.40
Cigna Select HMO \$10	4 to < 5	763.74	455.46	1,611.48	932.52	2,299.62	1,330.38
	5 to < 6	725.78	493.42	1,533.77	1,010.23	2,188.75	1,441.25
	6 to < 7	573.96	645.24	1,222.93	1,321.07	1,745.29	1,884.71
	7 to < 8	536.01	683.19	1,145.22	1,398.78	1,634.43	1,995.57
	8.0	460.10	759.10	989.80	1,554.20	1,412.70	2,217.30
Total Premium			1,219.20		2,544.00		3,630.00
Kaiser HMO \$15	4 to < 5	534.54	455.46	1,103.88	932.52	1,556.82	1,330.38
	5 to < 6	496.58	493.42	1,026.17	1,010.23	1,445.95	1,441.25
	6 to < 7	344.76	645.24	715.33	1,321.07	1,002.49	1,884.71
	7 to < 8	306.81	683.19	637.62	1,398.78	891.63	1,995.57
	8.0	230.90	759.10	482.20	1,554.20	669.90	2,217.30
Total Premium			990.00		2,036.40		2,887.20
Kaiser HMO \$25/ 40 Low Option	4 to < 5	475.74	455.46	980.28	932.52	1,382.82	1,330.38
	5 to < 6	437.78	493.42	902.57	1,010.23	1,271.95	1,441.25
	6 to < 7	285.96	645.24	591.73	1,321.07	828.49	1,884.71
	7 to < 8	248.01	683.19	514.02	1,398.78	717.63	1,995.57
	8.0	172.10	759.10	358.60	1,554.20	495.90	2,217.30
Total Premium			931.20		1,912.80		2,713.20

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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