

**Teamsters 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 Total Premium	4.0 to 8.0	241.40	659.80	490.00	1,354.40	678.60	1,919.40
			901.20		1,844.40		2,598.00
UHC Harmony \$10 Total Premium	4.0 to 8.0	167.00	659.80	332.80	1,354.40	469.80	1,919.40
			826.80		1,687.20		2,389.20
UHC HMO Network 2 No New Enrollees Total Premium	4.0 to 8.0	385.40	659.80	794.80	1,354.40	1,128.60	1,919.40
			1,045.20		2,149.20		3,048.00
UHC Journey Plan Harmony w/ HRA Total Premium	4.0 to 8.0	0.00	547.20	0.00	1,114.80	0.00	1,582.80
			547.20		1,114.80		1,582.80
UHC Signature Value Alliance Low Option (\$2000 Deductible) Total Premium	4.0 to 8.0	0.00	560.40	0.00	1,148.40	0.00	1,638.00
			560.40		1,148.40		1,638.00
UHC PPO Total Premium	4.0 to 8.0	1,074.86	636.34	2,248.60	1,311.80	3,210.53	1,864.27
			1,711.20		3,560.40		5,074.80
Cigna Select Medical HMO Total Premium	4.0 to 8.0	456.20	659.80	974.80	1,354.40	1,403.40	1,919.40
			1,116.00		2,329.20		3,322.80
Kaiser Total Premium	4.0 to 8.0	219.80	659.80	454.00	1,354.40	645.00	1,919.40
			879.60		1,808.40		2,564.40
Kaiser 25/40 Low Plan Total Premium	4.0 to 8.0	167.00	659.80	344.80	1,354.40	490.20	1,919.40
			826.80		1,699.20		2,409.60
Delta Dental PPO Total Premium	4.0 to 8.0	6.43	58.73	13.96	127.45	18.98	173.27
			65.16		141.41		192.25
Delta Dental HMO Total Premium	4.0 to 8.0	0.00	18.64	0.00	36.61	0.00	54.13
			18.64		36.61		54.13
Vision Serv Plan Total Premium	4.0 to 8.0	2.94	12.52	5.66	24.05	8.52	36.25
			15.46		29.71		44.77