

CUEA 01/01/2023 - 12/31/2023 Health Benefit Rates							
	FTE	Employee Only		Employee + 1		Employee + 2 or More	
		Employee	District	Employee	District	Employee	District
UHC	0.50	534.70	366.50	1,103.65	740.75	1,549.10	1,048.90
Signature Value	0.60	461.40	439.80	955.50	888.90	1,339.32	1,258.68
Alliance \$10	0.70	388.10	513.10	807.35	1,037.05	1,129.54	1,468.46
	0.75	351.45	549.75	733.27	1,111.13	1,024.65	1,573.35
	0.80	314.80	586.40	659.20	1,185.20	919.76	1,678.24
	0.90	241.50	659.70	511.05	1,333.35	709.98	1,888.02
	1.00	168.20	733.00	362.90	1,481.50	500.20	2,097.80
Total Premium			901.20		1,844.40		2,598.00
UHC	0.50	460.30	366.50	946.45	740.75	1,340.30	1,048.90
Harmony \$10	0.60	387.00	439.80	798.30	888.90	1,130.52	1,258.68
	0.70	313.70	513.10	650.15	1,037.05	920.74	1,468.46
	0.75	277.05	549.75	576.07	1,111.13	815.85	1,573.35
	0.80	240.40	586.40	502.00	1,185.20	710.96	1,678.24
	0.90	167.10	659.70	353.85	1,333.35	501.18	1,888.02
	1.00	93.80	733.00	205.70	1,481.50	291.40	2,097.80
Total Premium			826.80		1,687.20		2,389.20
UHC	0.50	678.70	366.50	1,408.45	740.75	1,999.10	1,048.90
HMO	0.60	605.40	439.80	1,260.30	888.90	1,789.32	1,258.68
Network 2	0.70	532.10	513.10	1,112.15	1,037.05	1,579.54	1,468.46
	0.75	495.45	549.75	1,038.07	1,111.13	1,474.65	1,573.35
No New Enrollees	0.80	458.80	586.40	964.00	1,185.20	1,369.76	1,678.24
	0.90	385.50	659.70	815.85	1,333.35	1,159.98	1,888.02
	1.00	312.20	733.00	667.70	1,481.50	950.20	2,097.80
Total Premium			1,045.20		2,149.20		3,048.00
UHC	0.50	273.60	273.60	557.40	557.40	791.40	791.40
Journey Plan	0.60	218.88	328.32	445.92	668.88	633.12	949.68
Harmony w/ HRA	0.70	164.16	383.04	334.44	780.36	474.84	1,107.96
	0.75	136.80	410.40	278.70	836.10	395.70	1,187.10
	0.80	109.44	437.76	222.96	891.84	316.56	1,266.24
	0.90	54.72	492.48	111.48	1,003.32	158.28	1,424.52
	1.00	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	0.50	280.20	280.20	574.20	574.20	819.00	819.00
Signature Value	0.60	224.16	336.24	459.36	689.04	655.20	982.80
Alliance	0.70	168.12	392.28	344.52	803.88	491.40	1,146.60
Low Option (\$2000 Deductible)	0.75	140.10	420.30	287.10	861.30	409.50	1,228.50
	0.80	112.08	448.32	229.68	918.72	327.60	1,310.40
	0.90	56.04	504.36	114.84	1,033.56	163.80	1,474.20
	1.00	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	0.50	1,344.70	366.50	2,819.65	740.75	4,025.90	1,048.90
PPO	0.60	1,271.40	439.80	2,671.50	888.90	3,816.12	1,258.68
	0.70	1,198.10	513.10	2,523.35	1,037.05	3,606.34	1,468.46
	0.75	1,161.45	549.75	2,449.27	1,111.13	3,501.45	1,573.35
	0.80	1,124.80	586.40	2,375.20	1,185.20	3,396.56	1,678.24
	0.90	1,051.50	659.70	2,227.05	1,333.35	3,186.78	1,888.02
	1.00	978.20	733.00	2,078.90	1,481.50	2,977.00	2,097.80
Total Premium			1,711.20		3,560.40		5,074.80
Cigna Select Medical HMO	0.50	749.50	366.50	1,588.45	740.75	2,273.90	1,048.90
	0.60	676.20	439.80	1,440.30	888.90	2,064.12	1,258.68
	0.70	602.90	513.10	1,292.15	1,037.05	1,854.34	1,468.46
	0.75	566.25	549.75	1,218.07	1,111.13	1,749.45	1,573.35
	0.80	529.60	586.40	1,144.00	1,185.20	1,644.56	1,678.24
	0.90	456.30	659.70	995.85	1,333.35	1,434.78	1,888.02
	1.00	383.00	733.00	847.70	1,481.50	1,225.00	2,097.80
Total Premium			1,116.00		2,329.20		3,322.80
Kaiser	0.50	513.10	366.50	1,067.65	740.75	1,515.50	1,048.90
	0.60	439.80	439.80	919.50	888.90	1,305.72	1,258.68
	0.70	366.50	513.10	771.35	1,037.05	1,095.94	1,468.46
	0.75	329.85	549.75	697.27	1,111.13	991.05	1,573.35
	0.80	293.20	586.40	623.20	1,185.20	886.16	1,678.24
	0.90	219.90	659.70	475.05	1,333.35	676.38	1,888.02
	1.00	146.60	733.00	326.90	1,481.50	466.60	2,097.80
Total Premium			879.60		1,808.40		2,564.40
Kaiser 25/40 Low Plan	0.50	460.30	366.50	958.45	740.75	1,360.70	1,048.90
	0.60	387.00	439.80	810.30	888.90	1,150.92	1,258.68
	0.70	313.70	513.10	662.15	1,037.05	941.14	1,468.46
	0.75	277.05	549.75	588.07	1,111.13	836.25	1,573.35
	0.80	240.40	586.40	514.00	1,185.20	731.36	1,678.24
	0.90	167.10	659.70	365.85	1,333.35	521.58	1,888.02
	1.00	93.80	733.00	217.70	1,481.50	311.80	2,097.80
Total Premium			826.80		1,699.20		2,409.60

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	FTE	Employee Only		Employee + 1		Employee + 2 or More	
		Employee	District	Employee	District	Employee	District
Delta Dental PPO	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
Total Premium			65.16		141.41		192.25
Delta Dental HMO	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
Total Premium			18.62		36.61		54.13
Vision Serv Plan	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
Total Premium			15.46		29.71		44.77