

**Certificated (CUEA) 01/01/2024 - 12/31/2024
Health Benefit Rates**

	FTE	Employee Only		Employee + 1		Employee + 2 or More	
		Employee	District	Employee	District	Employee	District
UHC CS VEBA Signature Value Alliance \$10	0.50	606.70	366.50	1,251.25	740.75	1,756.70	1,048.90
	0.60	533.40	439.80	1,103.10	888.90	1,546.92	1,258.68
	0.70	460.10	513.10	954.95	1,037.05	1,337.14	1,468.46
	0.75	423.45	549.75	880.87	1,111.13	1,232.25	1,573.35
	0.80	386.80	586.40	806.80	1,185.20	1,127.36	1,678.24
	0.90	313.50	659.70	658.65	1,333.35	917.58	1,888.02
	1.00	240.20	733.00	510.50	1,481.50	707.80	2,097.80
Total Premium			973.20		1,992.00		2,805.60
UHC Harmony HMO \$10	0.50	522.70	366.50	1,073.65	740.75	1,521.50	1,048.90
	0.60	449.40	439.80	925.50	888.90	1,311.72	1,258.68
	0.70	376.10	513.10	777.35	1,037.05	1,101.94	1,468.46
	0.75	339.45	549.75	703.27	1,111.13	997.05	1,573.35
	0.80	302.80	586.40	629.20	1,185.20	892.16	1,678.24
	0.90	229.50	659.70	481.05	1,333.35	682.38	1,888.02
	1.00	156.20	733.00	332.90	1,481.50	472.60	2,097.80
Total Premium			889.20		1,814.40		2,570.40
UHC Harmony HMO Journey w/ HRA	0.50	292.20	292.20	595.80	595.80	846.00	846.00
	0.60	233.76	350.64	476.64	714.96	676.80	1,015.20
	0.70	175.32	409.08	357.48	834.12	507.60	1,184.40
	0.75	146.10	438.30	297.90	893.70	423.00	1,269.00
	0.80	116.88	467.52	238.32	953.28	338.40	1,353.60
	0.90	58.44	525.96	119.16	1,072.44	169.20	1,522.80
	1.00	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	0.50	298.20	298.20	612.60	612.60	874.20	874.20
	0.60	238.56	357.84	490.08	735.12	699.36	1,049.04
	0.70	178.92	417.48	367.56	857.64	524.52	1,223.88
	0.75	149.10	447.30	306.30	918.90	437.10	1,311.30
	0.80	119.28	477.12	245.04	980.16	349.68	1,398.72
	0.90	59.64	536.76	122.52	1,102.68	174.84	1,573.56
	1.00	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	0.50	1,449.10	366.50	3,035.65	740.75	4,335.50	1,048.90
	0.60	1,375.80	439.80	2,887.50	888.90	4,125.72	1,258.68
	0.70	1,302.50	513.10	2,739.35	1,037.05	3,915.94	1,468.46
	0.75	1,265.85	549.75	2,665.27	1,111.13	3,811.05	1,573.35
	0.80	1,229.20	586.40	2,591.20	1,185.20	3,706.16	1,678.24
	0.90	1,155.90	659.70	2,443.05	1,333.35	3,496.38	1,888.02
	1.00	1,082.60	733.00	2,294.90	1,481.50	3,286.60	2,097.80
Total Premium			1,815.60		3,776.40		5,384.40
Cigna Select HMO	0.50	852.70	366.50	1,803.25	740.75	2,581.10	1,048.90
	0.60	779.40	439.80	1,655.10	888.90	2,371.32	1,258.68
	0.70	706.10	513.10	1,506.95	1,037.05	2,161.54	1,468.46
	0.75	669.45	549.75	1,432.87	1,111.13	2,056.65	1,573.35
	0.80	632.80	586.40	1,358.80	1,185.20	1,951.76	1,678.24
	0.90	559.50	659.70	1,210.65	1,333.35	1,741.98	1,888.02
	1.00	486.20	733.00	1,062.50	1,481.50	1,532.20	2,097.80
Total Premium			1,219.20		2,544.00		3,630.00
Kaiser HMO \$15	0.50	623.50	366.50	1,295.65	740.75	1,838.30	1,048.90
	0.60	550.20	439.80	1,147.50	888.90	1,628.52	1,258.68
	0.70	476.90	513.10	999.35	1,037.05	1,418.74	1,468.46
	0.75	440.25	549.75	925.27	1,111.13	1,313.85	1,573.35
	0.80	403.60	586.40	851.20	1,185.20	1,208.96	1,678.24
	0.90	330.30	659.70	703.05	1,333.35	999.18	1,888.02
	1.00	257.00	733.00	554.90	1,481.50	789.40	2,097.80
Total Premium			990.00		2,036.40		2,887.20
Kaiser HMO \$25/ 40 Low Option	0.50	564.70	366.50	1,172.05	740.75	1,664.30	1,048.90
	0.60	491.40	439.80	1,023.90	888.90	1,454.52	1,258.68
	0.70	418.10	513.10	875.75	1,037.05	1,244.74	1,468.46
	0.75	381.45	549.75	801.67	1,111.13	1,139.85	1,573.35
	0.80	344.80	586.40	727.60	1,185.20	1,034.96	1,678.24
	0.90	271.50	659.70	579.45	1,333.35	825.18	1,888.02
	1.00	198.20	733.00	431.30	1,481.50	615.40	2,097.80
Total Premium			931.20		1,912.80		2,713.20

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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 Service 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