

**Teamsters (TEAM) 01/01/2024 - 12/31/2024**  
**Health Benefit Rates**

	Hours	Employee Only		Employee + 1		Employee + 2 or More	
		Employee	District	Employee	District	Employee	District
<b>UHC CS VEBA Signature Value Alliance \$10</b>	4.0 to 8.0	313.40	659.80	637.60	1,354.40	886.20	1,919.40
<b>Total Premium</b>			<b>973.20</b>		<b>1,992.00</b>		<b>2,805.60</b>
<b>UHC Harmony HMO \$10</b>	4.0 to 8.0	229.40	659.80	460.00	1,354.40	651.00	1,919.40
<b>Total Premium</b>			<b>889.20</b>		<b>1,814.40</b>		<b>2,570.40</b>
<b>UHC Harmony HMO Journey w/ HRA</b>	4.0 to 8.0	0.00	584.40	0.00	1,191.60	0.00	1,692.00
<b>Total Premium</b>			<b>584.40</b>		<b>1,191.60</b>		<b>1,692.00</b>
<b>NEW! UHC CS VEBA Alliance HMO Journey w/ HRA</b>	4.0 to 8.0	0.00	596.40	0.00	1,225.20	0.00	1,748.40
<b>Total Premium</b>			<b>596.40</b>		<b>1,225.20</b>		<b>1,748.40</b>
<b>UHC PPO</b>	4.0 to 8.0	1,179.26	636.34	2,464.60	1,311.80	3,520.13	1,864.27
<b>Total Premium</b>			<b>1,815.60</b>		<b>3,776.40</b>		<b>5,384.40</b>
<b>Cigna Select HMO \$10</b>	4.0 to 8.0	559.40	659.80	1,189.60	1,354.40	1,710.60	1,919.40
<b>Total Premium</b>			<b>1,219.20</b>		<b>2,544.00</b>		<b>3,630.00</b>
<b>Kaiser HMO \$15</b>	4.0 to 8.0	330.20	659.80	682.00	1,354.40	967.80	1,919.40
<b>Total Premium</b>			<b>990.00</b>		<b>2,036.40</b>		<b>2,887.20</b>
<b>Kaiser HMO \$25/ \$40 Low Option</b>	4.0 to 8.0	271.40	659.80	558.40	1,354.40	793.80	1,919.40
<b>Total Premium</b>			<b>931.20</b>		<b>1,912.80</b>		<b>2,713.20</b>
<b>Delta Dental PPO</b>	4.0 to 8.0	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>	4.0 to 8.0	0.00	18.64	0.00	36.61	0.00	54.13
<b>Total Premium</b>			<b>18.64</b>		<b>36.61</b>		<b>54.13</b>
<b>Vision Service Plan</b>	4.0 to 8.0	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>