

CUEA 01/01/2022 - 12/31/2022 Health Benefit Rates							
	Hours	Employee Only		Employee + 1		Employee + 2 or More	
		Employee	District	Employee	District	Employee	District
UHC	0.50	540.20	337.00	1,101.05	691.75	1,544.40	980.40
Signature Value	0.60	472.80	404.40	962.70	830.10	1,348.32	1,176.48
Alliance \$10	0.70	405.40	471.80	824.35	968.45	1,152.24	1,372.56
	0.75	371.70	505.50	755.17	1,037.63	1,054.20	1,470.60
	0.80	338.00	539.20	686.00	1,106.80	956.16	1,568.64
	0.90	270.60	606.60	547.65	1,245.15	760.08	1,764.72
	1.00	203.20	674.00	409.30	1,383.50	564.00	1,960.80
Total Premium			877.20		1,792.80		2,524.80
UHC	0.50	471.80	337.00	952.25	691.75	1,347.60	980.40
Harmony \$10	0.60	404.40	404.40	813.90	830.10	1,151.52	1,176.48
	0.70	337.00	471.80	675.55	968.45	955.44	1,372.56
	0.75	303.30	505.50	606.37	1,037.63	857.40	1,470.60
	0.80	269.60	539.20	537.20	1,106.80	759.36	1,568.64
	0.90	202.20	606.60	398.85	1,245.15	563.28	1,764.72
	1.00	134.80	674.00	260.50	1,383.50	367.20	1,960.80
Total Premium			808.80		1,644.00		2,328.00
UHC	0.50	674.60	337.00	1,385.45	691.75	1,963.20	980.40
HMO	0.60	607.20	404.40	1,247.10	830.10	1,767.12	1,176.48
Network 2	0.70	539.80	471.80	1,108.75	968.45	1,571.04	1,372.56
	0.75	506.10	505.50	1,039.57	1,037.63	1,473.00	1,470.60
No New	0.80	472.40	539.20	970.40	1,106.80	1,374.96	1,568.64
Enrollees	0.90	405.00	606.60	832.05	1,245.15	1,178.88	1,764.72
	1.00	337.60	674.00	693.70	1,383.50	982.80	1,960.80
Total Premium			1,011.60		2,077.20		2,943.60
UHC	0.50	265.20	265.20	540.00	540.00	766.20	766.20
Journey Plan	0.60	212.16	318.24	432.00	648.00	612.96	919.44
Harmony	0.70	159.12	371.28	324.00	756.00	459.72	1,072.68
w/ HRA	0.75	132.60	397.80	270.00	810.00	383.10	1,149.30
	0.80	106.08	424.32	216.00	864.00	306.48	1,225.92
	0.90	53.04	477.36	108.00	972.00	153.24	1,379.16
	1.00	0.00	530.40	0.00	1,080.00	0.00	1,532.40
Total Premium			530.40		1,080.00		1,532.40
UHC	0.50	270.60	270.60	554.40	554.40	790.80	790.80
Signature Value	0.60	216.48	324.72	443.52	665.28	632.64	948.96
Alliance	0.70	162.36	378.84	332.64	776.16	474.48	1,107.12
Low Option	0.75	135.30	405.90	277.20	831.60	395.40	1,186.20
(\$2000 Deductible)	0.80	108.24	432.96	221.76	887.04	316.32	1,265.28
	0.90	54.12	487.08	110.88	997.92	158.16	1,423.44
	1.00	0.00	541.20	0.00	1,108.80	0.00	1,581.60
Total Premium			541.20		1,108.80		1,581.60
UHC	0.50	1,321.40	337.00	2,755.85	691.75	3,931.20	980.40
PPO	0.60	1,254.00	404.40	2,617.50	830.10	3,735.12	1,176.48
	0.70	1,186.60	471.80	2,479.15	968.45	3,539.04	1,372.56
	0.75	1,152.90	505.50	2,409.97	1,037.63	3,441.00	1,470.60
	0.80	1,119.20	539.20	2,340.80	1,106.80	3,342.96	1,568.64
	0.90	1,051.80	606.60	2,202.45	1,245.15	3,146.88	1,764.72
	1.00	984.40	674.00	2,064.10	1,383.50	2,950.80	1,960.80
Total Premium			1,658.40		3,447.60		4,911.60
Cigna Select	0.50	684.20	337.00	1,437.05	691.75	2,055.60	980.40
Medical HMO	0.60	616.80	404.40	1,298.70	830.10	1,859.52	1,176.48
	0.70	549.40	471.80	1,160.35	968.45	1,663.44	1,372.56
	0.75	515.70	505.50	1,091.17	1,037.63	1,565.40	1,470.60
	0.80	482.00	539.20	1,022.00	1,106.80	1,467.36	1,568.64
	0.90	414.60	606.60	883.65	1,245.15	1,271.28	1,764.72
	1.00	347.20	674.00	745.30	1,383.50	1,075.20	1,960.80
Total Premium			1,021.20		2,128.80		3,036.00
Kaiser	0.50	471.80	337.00	970.25	691.75	1,374.00	980.40
	0.60	404.40	404.40	831.90	830.10	1,177.92	1,176.48
	0.70	337.00	471.80	693.55	968.45	981.84	1,372.56
	0.75	303.30	505.50	624.37	1,037.63	883.80	1,470.60
	0.80	269.60	539.20	555.20	1,106.80	785.76	1,568.64
	0.90	202.20	606.60	416.85	1,245.15	589.68	1,764.72
	1.00	134.80	674.00	278.50	1,383.50	393.60	1,960.80
Total Premium			808.80		1,662.00		2,354.40
Kaiser 25/40	0.50	422.60	337.00	868.25	691.75	1,230.00	980.40
Low Plan	0.60	355.20	404.40	729.90	830.10	1,033.92	1,176.48
	0.70	287.80	471.80	591.55	968.45	837.84	1,372.56
	0.75	254.10	505.50	522.37	1,037.63	739.80	1,470.60
	0.80	220.40	539.20	453.20	1,106.80	641.76	1,568.64
	0.90	153.00	606.60	314.85	1,245.15	445.68	1,764.72
	1.00	85.60	674.00	176.50	1,383.50	249.60	1,960.80
Total Premium			759.60		1,560.00		2,210.40

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Delta Dental PPO	0.50	30.41	29.37	66.00	63.73	89.73	86.64
	0.60	24.54	35.24	53.26	76.47	72.41	103.96
	0.70	18.67	41.11	40.51	89.22	55.08	121.29
	0.75	15.73	44.05	34.14	95.59	46.42	129.95
	0.80	12.80	46.98	27.77	101.96	37.75	138.62
	0.90	6.92	52.86	15.02	114.71	20.43	155.94
	1.00	1.05	58.73	2.28	127.45	3.10	173.27
Total Premium			59.78		129.73		176.37
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	