

Classified (CSEA) 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 Signature Value Alliance \$10	4 to < 5	474.60	402.60	966.00	826.80	1,353.00	1,171.80
	5 to < 6	441.05	436.15	897.10	895.70	1,255.35	1,269.45
	6 to < 7	306.85	570.35	621.50	1,171.30	864.75	1,660.05
	7 to < 8	273.30	603.90	552.60	1,240.20	767.10	1,757.70
	8.0	206.20	671.00	414.80	1,378.00	571.80	1,953.00
Total Premium			877.20		1,792.80		2,524.80
UHC Harmony \$10	4 to < 5	406.20	402.60	817.20	826.80	1,156.20	1,171.80
	5 to < 6	372.65	436.15	748.30	895.70	1,058.55	1,269.45
	6 to < 7	238.45	570.35	472.70	1,171.30	667.95	1,660.05
	7 to < 8	204.90	603.90	403.80	1,240.20	570.30	1,757.70
	8.0	137.80	671.00	266.00	1,378.00	375.00	1,953.00
Total Premium			808.80		1,644.00		2,328.00
UHC HMO Network 2 No New Enrollees	4 to < 5	609.00	402.60	1,250.40	826.80	1,771.80	1,171.80
	5 to < 6	575.45	436.15	1,181.50	895.70	1,674.15	1,269.45
	6 to < 7	441.25	570.35	905.90	1,171.30	1,283.55	1,660.05
	7 to < 8	407.70	603.90	837.00	1,240.20	1,185.90	1,757.70
	8.0	340.60	671.00	699.20	1,378.00	990.60	1,953.00
Total Premium			1,011.60		2,077.20		2,943.60
UHC Journey Plan Harmony w/ HRA	4 to < 5	212.16	318.24	432.00	648.00	612.96	919.44
	5 to < 6	185.64	344.76	378.00	702.00	536.34	996.06
	6 to < 7	79.56	450.84	162.00	918.00	229.86	1,302.54
	7 to < 8	53.04	477.36	108.00	972.00	153.24	1,379.16
	8.0	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 Signature Value Alliance Low Option (\$2000 Deductible)	4 to < 5	216.48	324.72	443.52	665.28	632.64	948.96
	5 to < 6	189.42	351.78	388.08	720.72	553.56	1,028.04
	6 to < 7	81.18	460.02	166.32	942.48	237.24	1,344.36
	7 to < 8	54.12	487.08	110.88	997.92	158.16	1,423.44
	8.0	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 PPO	4 to < 5	1,279.00	379.40	2,665.32	782.28	3,800.24	1,111.36
	5 to < 6	1,247.38	411.02	2,600.13	847.47	3,707.62	1,203.98
	6 to < 7	1,120.91	537.49	2,339.37	1,108.23	3,337.17	1,574.43
	7 to < 8	1,089.29	569.11	2,274.18	1,173.42	3,244.56	1,667.04
	8.0	1,026.06	632.34	2,143.80	1,303.80	3,059.33	1,852.27
Total Premium			1,658.40		3,447.60		4,911.60
Cigna Select Medical HMO	4 to < 5	618.60	402.60	1,302.00	826.80	1,864.20	1,171.80
	5 to < 6	585.05	436.15	1,233.10	895.70	1,766.55	1,269.45
	6 to < 7	450.85	570.35	957.50	1,171.30	1,375.95	1,660.05
	7 to < 8	417.30	603.90	888.60	1,240.20	1,278.30	1,757.70
	8.0	350.20	671.00	750.80	1,378.00	1,083.00	1,953.00
Total Premium			1,021.20		2,128.80		3,036.00
Kaiser	4 to < 5	406.20	402.60	835.20	826.80	1,182.60	1,171.80
	5 to < 6	372.65	436.15	766.30	895.70	1,084.95	1,269.45
	6 to < 7	238.45	570.35	490.70	1,171.30	694.35	1,660.05
	7 to < 8	204.90	603.90	421.80	1,240.20	596.70	1,757.70
	8.0	137.80	671.00	284.00	1,378.00	401.40	1,953.00
Total Premium			808.80		1,662.00		2,354.40
Kaiser 25/40 Low Plan	4 to < 5	357.00	402.60	733.20	826.80	1,038.60	1,171.80
	5 to < 6	323.45	436.15	664.30	895.70	940.95	1,269.45
	6 to < 7	189.25	570.35	388.70	1,171.30	550.35	1,660.05
	7 to < 8	155.70	603.90	319.80	1,240.20	452.70	1,757.70
	8.0	88.60	671.00	182.00	1,378.00	257.40	1,953.00
Total Premium			759.60		1,560.00		2,210.40

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	Hours	Employee Only		Employee + 1		Employee + 2 or More	
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Delta Dental PPO	4 to < 6	19.40	40.38	42.11	87.62	57.25	119.12
	6 to < 8	4.72	55.06	10.25	119.48	13.93	162.44
	8.0	1.05	58.73	2.28	127.45	3.10	173.27
Total Premium			59.78		129.73		176.37
Delta Dental HMO	4 to < 6	5.82	12.80	11.44	25.17	16.92	37.21
	6 to < 8	1.16	17.46	2.29	34.32	3.38	50.75
	8.0	0.00	18.62	0.00	36.61	0.00	54.13
Total Premium			18.62		36.61		54.13
Vision Serv Plan	4 to < 6	6.85	8.61	13.18	16.53	19.85	24.92
	6 to < 8	3.72	11.74	7.16	22.55	10.79	33.98
	8.0	2.94	12.52	5.66	24.05	8.52	36.25
Total Premium			15.46		29.71		44.77