

**Teamsters 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<br>Signature Value<br>Alliance \$10<br>Total Premium                              | less than 7.5<br>7.5 to 8 | 310.37<br>229.40     | 566.83<br>647.80 | 628.70<br>462.40     | 1,164.10<br>1,330.40 | 876.82<br>641.40     | 1,647.98<br>1,883.40 |
|   |                           |                      | <b>877.20</b>    |                      | <b>1,792.80</b>      |                      | <b>2,524.80</b>      |
| UHC<br>Harmony \$10<br>Total Premium  | less than 7.5<br>7.5 to 8 | 241.97<br>161.00     | 566.83<br>647.80 | 479.90<br>313.60     | 1,164.10<br>1,330.40 | 680.02<br>444.60     | 1,647.98<br>1,883.40 |
|   |                           |                      | <b>808.80</b>    |                      | <b>1,644.00</b>      |                      | <b>2,328.00</b>      |
| UHC<br>HMO<br>Network 2<br>No New Enrollees<br>Total Premium                          | less than 7.5<br>7.5 to 8 | 444.77<br>363.80     | 566.83<br>647.80 | 913.10<br>746.80     | 1,164.10<br>1,330.40 | 1,295.62<br>1,060.20 | 1,647.98<br>1,883.40 |
|   |                           |                      | <b>1,011.60</b>  |                      | <b>2,077.20</b>      |                      | <b>2,943.60</b>      |
| UHC<br>Journey Plan<br>Harmony<br>w/ HRA<br>Total Premium                             | less than 7.5<br>7.5 to 8 | 66.30<br>0.00        | 464.10<br>530.40 | 135.00<br>0.00       | 945.00<br>1,080.00   | 191.55<br>0.00       | 1,340.85<br>1,532.40 |
|   |                           |                      | <b>530.40</b>    |                      | <b>1,080.00</b>      |                      | <b>1,532.40</b>      |
| UHC<br>Signature Value Alliance<br>Low Option<br>(\$2000 Deductible)<br>Total Premium | less than 7.5<br>7.5 to 8 | 67.65<br>0.00        | 473.55<br>541.20 | 138.60<br>0.00       | 970.20<br>1,108.80   | 197.70<br>0.00       | 1,383.90<br>1,581.60 |
|   |                           |                      | <b>541.20</b>    |                      | <b>1,108.80</b>      |                      | <b>1,581.60</b>      |
| UHC<br>PPO<br>Total Premium   | less than 7.5<br>7.5 to 8 | 1,101.60<br>1,022.06 | 556.80<br>636.34 | 2,299.77<br>2,135.80 | 1,147.83<br>1,311.80 | 3,280.36<br>3,047.33 | 1,631.24<br>1,864.27 |
|   |                           |                      | <b>1,658.40</b>  |                      | <b>3,447.60</b>      |                      | <b>4,911.60</b>      |
| Cigna Select<br>Medical HMO<br>Total Premium  | less than 7.5<br>7.5 to 8 | 454.37<br>373.40     | 566.83<br>647.80 | 964.70<br>798.40     | 1,164.10<br>1,330.40 | 1,388.02<br>1,152.60 | 1,647.98<br>1,883.40 |
|   |                           |                      | <b>1,021.20</b>  |                      | <b>2,128.80</b>      |                      | <b>3,036.00</b>      |
| Kaiser<br>Total Premium   | less than 7.5<br>7.5 to 8 | 241.97<br>161.00     | 566.83<br>647.80 | 497.90<br>331.60     | 1,164.10<br>1,330.40 | 706.42<br>471.00     | 1,647.98<br>1,883.40 |
|   |                           |                      | <b>808.80</b>    |                      | <b>1,662.00</b>      |                      | <b>2,354.40</b>      |
| Kaiser 25/40<br>Low Plan<br>Total Premium   | less than 7.5<br>7.5 to 8 | 192.77<br>111.80     | 566.83<br>647.80 | 395.90<br>229.60     | 1,164.10<br>1,330.40 | 562.42<br>327.00     | 1,647.98<br>1,883.40 |
|   |                           |                      | <b>759.60</b>    |                      | <b>1,560.00</b>      |                      | <b>2,210.40</b>      |
| Delta Dental<br>PPO<br>Total Premium  | less than 7.5<br>7.5 to 8 | 8.39<br>1.05         | 51.39<br>58.73   | 18.21<br>2.28        | 111.52<br>127.45     | 24.76<br>3.10        | 151.61<br>173.27     |
|   |                           |                      | <b>59.78</b>     |                      | <b>129.73</b>        |                      | <b>176.37</b>        |
| Delta Dental<br>HMO<br>Total Premium  | less than 7.5<br>7.5 to 8 | 2.33<br>0.00         | 16.31<br>18.64   | 4.58<br>0.00         | 32.03<br>36.61       | 6.77<br>0.00         | 47.36<br>54.13       |
|   |                           |                      | <b>18.64</b>     |                      | <b>36.61</b>         |                      | <b>54.13</b>         |
| Vision<br>Serv Plan<br>Total Premium  | less than 7.5<br>7.5 to 8 | 4.50<br>2.94         | 10.96<br>12.52   | 8.67<br>5.66         | 21.04<br>24.05       | 13.05<br>8.52        | 31.72<br>36.25       |
|   |                           |                      | <b>15.46</b>     |                      | <b>29.71</b>         |                      | <b>44.77</b>         |