

CUEA 01/01/2023 - 12/31/2023 Health Benefit Rates							
	FTE	Employee Only		Employee + 1		Employee + 2 or More	
		Employee	District	Employee	District	Employee	District
<b>UHC</b>	0.50	543.20	358.00	1,120.65	723.75	1,574.60	1,023.40
Signature Value	0.60	471.60	429.60	975.90	868.50	1,369.92	1,228.08
Alliance \$10	0.70	400.00	501.20	831.15	1,013.25	1,165.24	1,432.76
	0.75	364.20	537.00	758.77	1,085.63	1,062.90	1,535.10
	0.80	328.40	572.80	686.40	1,158.00	960.56	1,637.44
	0.90	256.80	644.40	541.65	1,302.75	755.88	1,842.12
	1.00	185.20	716.00	396.90	1,447.50	551.20	2,046.80
<b>Total Premium</b>			<b>901.20</b>		<b>1,844.40</b>		<b>2,598.00</b>
<b>UHC</b>	0.50	468.80	358.00	963.45	723.75	1,365.80	1,023.40
Harmony \$10	0.60	397.20	429.60	818.70	868.50	1,161.12	1,228.08
	0.70	325.60	501.20	673.95	1,013.25	956.44	1,432.76
	0.75	289.80	537.00	601.57	1,085.63	854.10	1,535.10
	0.80	254.00	572.80	529.20	1,158.00	751.76	1,637.44
	0.90	182.40	644.40	384.45	1,302.75	547.08	1,842.12
	1.00	110.80	716.00	239.70	1,447.50	342.40	2,046.80
<b>Total Premium</b>			<b>826.80</b>		<b>1,687.20</b>		<b>2,389.20</b>
<b>UHC</b>	0.50	687.20	358.00	1,425.45	723.75	2,024.60	1,023.40
HMO	0.60	615.60	429.60	1,280.70	868.50	1,819.92	1,228.08
Network 2	0.70	544.00	501.20	1,135.95	1,013.25	1,615.24	1,432.76
	0.75	508.20	537.00	1,063.57	1,085.63	1,512.90	1,535.10
No New	0.80	472.40	572.80	991.20	1,158.00	1,410.56	1,637.44
Enrollees	0.90	400.80	644.40	846.45	1,302.75	1,205.88	1,842.12
	1.00	329.20	716.00	701.70	1,447.50	1,001.20	2,046.80
<b>Total Premium</b>			<b>1,045.20</b>		<b>2,149.20</b>		<b>3,048.00</b>
<b>UHC</b>	0.50	273.60	273.60	557.40	557.40	791.40	791.40
Journey Plan	0.60	218.88	328.32	445.92	668.88	633.12	949.68
Harmony	0.70	164.16	383.04	334.44	780.36	474.84	1,107.96
w/ HRA	0.75	136.80	410.40	278.70	836.10	395.70	1,187.10
	0.80	109.44	437.76	222.96	891.84	316.56	1,266.24
	0.90	54.72	492.48	111.48	1,003.32	158.28	1,424.52
	1.00	0.00	547.20	0.00	1,114.80	0.00	1,582.80
<b>Total Premium</b>			<b>547.20</b>		<b>1,114.80</b>		<b>1,582.80</b>
<b>UHC</b>	0.50	280.20	280.20	574.20	574.20	819.00	819.00
Signature Value	0.60	224.16	336.24	459.36	689.04	655.20	982.80
Alliance	0.70	168.12	392.28	344.52	803.88	491.40	1,146.60
Low Option	0.75	140.10	420.30	287.10	861.30	409.50	1,228.50
(\$2000 Deductible)	0.80	112.08	448.32	229.68	918.72	327.60	1,310.40
	0.90	56.04	504.36	114.84	1,033.56	163.80	1,474.20
	1.00	0.00	560.40	0.00	1,148.40	0.00	1,638.00
<b>Total Premium</b>			<b>560.40</b>		<b>1,148.40</b>		<b>1,638.00</b>
<b>UHC</b>	0.50	1,353.20	358.00	2,836.65	723.75	4,051.40	1,023.40
PPO	0.60	1,281.60	429.60	2,691.90	868.50	3,846.72	1,228.08
	0.70	1,210.00	501.20	2,547.15	1,013.25	3,642.04	1,432.76
	0.75	1,174.20	537.00	2,474.77	1,085.63	3,539.70	1,535.10
	0.80	1,138.40	572.80	2,402.40	1,158.00	3,437.36	1,637.44
	0.90	1,066.80	644.40	2,257.65	1,302.75	3,232.68	1,842.12
	1.00	995.20	716.00	2,112.90	1,447.50	3,028.00	2,046.80
<b>Total Premium</b>			<b>1,711.20</b>		<b>3,560.40</b>		<b>5,074.80</b>
<b>Cigna Select</b>	0.50	758.00	358.00	1,605.45	723.75	2,299.40	1,023.40
Medical HMO	0.60	686.40	429.60	1,460.70	868.50	2,094.72	1,228.08
	0.70	614.80	501.20	1,315.95	1,013.25	1,890.04	1,432.76
	0.75	579.00	537.00	1,243.57	1,085.63	1,787.70	1,535.10
	0.80	543.20	572.80	1,171.20	1,158.00	1,685.36	1,637.44
	0.90	471.60	644.40	1,026.45	1,302.75	1,480.68	1,842.12
	1.00	400.00	716.00	881.70	1,447.50	1,276.00	2,046.80
<b>Total Premium</b>			<b>1,116.00</b>		<b>2,329.20</b>		<b>3,322.80</b>
<b>Kaiser</b>	0.50	521.60	358.00	1,084.65	723.75	1,541.00	1,023.40
	0.60	450.00	429.60	939.90	868.50	1,336.32	1,228.08
	0.70	378.40	501.20	795.15	1,013.25	1,131.64	1,432.76
	0.75	342.60	537.00	722.77	1,085.63	1,029.30	1,535.10
	0.80	306.80	572.80	650.40	1,158.00	926.96	1,637.44
	0.90	235.20	644.40	505.65	1,302.75	722.28	1,842.12
	1.00	163.60	716.00	360.90	1,447.50	517.60	2,046.80
<b>Total Premium</b>			<b>879.60</b>		<b>1,808.40</b>		<b>2,564.40</b>
<b>Kaiser 25/40</b>	0.50	468.80	358.00	975.45	723.75	1,386.20	1,023.40
Low Plan	0.60	397.20	429.60	830.70	868.50	1,181.52	1,228.08
	0.70	325.60	501.20	685.95	1,013.25	976.84	1,432.76
	0.75	289.80	537.00	613.57	1,085.63	874.50	1,535.10
	0.80	254.00	572.80	541.20	1,158.00	772.16	1,637.44
	0.90	182.40	644.40	396.45	1,302.75	567.48	1,842.12
	1.00	110.80	716.00	251.70	1,447.50	362.80	2,046.80
<b>Total Premium</b>			<b>826.80</b>		<b>1,699.20</b>		<b>2,409.60</b>

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<b>Delta Dental PPO</b>	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
<b>Total Premium</b>			<b>65.16</b>		<b>141.41</b>		<b>192.25</b>
<b>Delta Dental HMO</b>	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
<b>Total Premium</b>			<b>18.62</b>		<b>36.61</b>		<b>54.13</b>
<b>Vision Serv Plan</b>	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
<b>Total Premium</b>			<b>15.46</b>		<b>29.71</b>		<b>44.77</b>