

CUEA 07/01/2022 - 12/31/2022 Health Benefit Rates							
	FTE	Employee Only		Employee + 1		Employee + 2 or More	
		Employee	District	Employee	District	Employee	District
<b>UHC</b>	0.50	519.20	358.00	1,069.05	723.75	1,501.40	1,023.40
<b>Signature Value</b>	0.60	447.60	429.60	924.30	868.50	1,296.72	1,228.08
<b>Alliance \$10</b>	0.70	376.00	501.20	779.55	1,013.25	1,092.04	1,432.76
	0.75	340.20	537.00	707.17	1,085.63	989.70	1,535.10
	0.80	304.40	572.80	634.80	1,158.00	887.36	1,637.44
	0.90	232.80	644.40	490.05	1,302.75	682.68	1,842.12
	1.00	161.20	716.00	345.30	1,447.50	478.00	2,046.80
<b>Total Premium</b>			<b>877.20</b>		<b>1,792.80</b>		<b>2,524.80</b>
<b>UHC</b>	0.50	450.80	358.00	920.25	723.75	1,304.60	1,023.40
<b>Harmony \$10</b>	0.60	379.20	429.60	775.50	868.50	1,099.92	1,228.08
	0.70	307.60	501.20	630.75	1,013.25	895.24	1,432.76
	0.75	271.80	537.00	558.37	1,085.63	792.90	1,535.10
	0.80	236.00	572.80	486.00	1,158.00	690.56	1,637.44
	0.90	164.40	644.40	341.25	1,302.75	485.88	1,842.12
	1.00	92.80	716.00	196.50	1,447.50	281.20	2,046.80
<b>Total Premium</b>			<b>808.80</b>		<b>1,644.00</b>		<b>2,328.00</b>
<b>UHC</b>	0.50	653.60	358.00	1,353.45	723.75	1,920.20	1,023.40
<b>HMO</b>	0.60	582.00	429.60	1,208.70	868.50	1,715.52	1,228.08
<b>Network 2</b>	0.70	510.40	501.20	1,063.95	1,013.25	1,510.84	1,432.76
	0.75	474.60	537.00	991.57	1,085.63	1,408.50	1,535.10
<b>No New</b>	0.80	438.80	572.80	919.20	1,158.00	1,306.16	1,637.44
<b>Enrollees</b>	0.90	367.20	644.40	774.45	1,302.75	1,101.48	1,842.12
	1.00	295.60	716.00	629.70	1,447.50	896.80	2,046.80
<b>Total Premium</b>			<b>1,011.60</b>		<b>2,077.20</b>		<b>2,943.60</b>
<b>UHC</b>	0.50	265.20	265.20	540.00	540.00	766.20	766.20
<b>Journey Plan</b>	0.60	212.16	318.24	432.00	648.00	612.96	919.44
<b>Harmony</b>	0.70	159.12	371.28	324.00	756.00	459.72	1,072.68
<b>w/ HRA</b>	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
<b>Total Premium</b>			<b>530.40</b>		<b>1,080.00</b>		<b>1,532.40</b>
<b>UHC</b>	0.50	270.60	270.60	554.40	554.40	790.80	790.80
<b>Signature Value</b>	0.60	216.48	324.72	443.52	665.28	632.64	948.96
<b>Alliance</b>	0.70	162.36	378.84	332.64	776.16	474.48	1,107.12
<b>Low Option</b>	0.75	135.30	405.90	277.20	831.60	395.40	1,186.20
<b>(\$2000 Deductible)</b>	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
<b>Total Premium</b>			<b>541.20</b>		<b>1,108.80</b>		<b>1,581.60</b>
<b>UHC</b>	0.50	1,300.40	358.00	2,723.85	723.75	3,888.20	1,023.40
<b>PPO</b>	0.60	1,228.80	429.60	2,579.10	868.50	3,683.52	1,228.08
	0.70	1,157.20	501.20	2,434.35	1,013.25	3,478.84	1,432.76
	0.75	1,121.40	537.00	2,361.97	1,085.63	3,376.50	1,535.10
	0.80	1,085.60	572.80	2,289.60	1,158.00	3,274.16	1,637.44
	0.90	1,014.00	644.40	2,144.85	1,302.75	3,069.48	1,842.12
	1.00	942.40	716.00	2,000.10	1,447.50	2,864.80	2,046.80
<b>Total Premium</b>			<b>1,658.40</b>		<b>3,447.60</b>		<b>4,911.60</b>
<b>Cigna Select</b>	0.50	663.20	358.00	1,405.05	723.75	2,012.60	1,023.40
<b>Medical HMO</b>	0.60	591.60	429.60	1,260.30	868.50	1,807.92	1,228.08
	0.70	520.00	501.20	1,115.55	1,013.25	1,603.24	1,432.76
	0.75	484.20	537.00	1,043.17	1,085.63	1,500.90	1,535.10
	0.80	448.40	572.80	970.80	1,158.00	1,398.56	1,637.44
	0.90	376.80	644.40	826.05	1,302.75	1,193.88	1,842.12
	1.00	305.20	716.00	681.30	1,447.50	989.20	2,046.80
<b>Total Premium</b>			<b>1,021.20</b>		<b>2,128.80</b>		<b>3,036.00</b>
<b>Kaiser</b>	0.50	450.80	358.00	938.25	723.75	1,331.00	1,023.40
	0.60	379.20	429.60	793.50	868.50	1,126.32	1,228.08
	0.70	307.60	501.20	648.75	1,013.25	921.64	1,432.76
	0.75	271.80	537.00	576.37	1,085.63	819.30	1,535.10
	0.80	236.00	572.80	504.00	1,158.00	716.96	1,637.44
	0.90	164.40	644.40	359.25	1,302.75	512.28	1,842.12
	1.00	92.80	716.00	214.50	1,447.50	307.60	2,046.80
<b>Total Premium</b>			<b>808.80</b>		<b>1,662.00</b>		<b>2,354.40</b>
<b>Kaiser 25/40</b>	0.50	401.60	358.00	836.25	723.75	1,187.00	1,023.40
<b>Low Plan</b>	0.60	330.00	429.60	691.50	868.50	982.32	1,228.08
	0.70	258.40	501.20	546.75	1,013.25	777.64	1,432.76
	0.75	222.60	537.00	474.37	1,085.63	675.30	1,535.10
	0.80	186.80	572.80	402.00	1,158.00	572.96	1,637.44
	0.90	115.20	644.40	257.25	1,302.75	368.28	1,842.12
	1.00	43.60	716.00	112.50	1,447.50	163.60	2,046.80
<b>Total Premium</b>			<b>759.60</b>		<b>1,560.00</b>		<b>2,210.40</b>

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<b>Delta Dental PPO</b>	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
<b>Total Premium</b>			<b>59.78</b>		<b>129.73</b>		<b>176.37</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>