

Classified (CSEA) 01/01/2023- 12/31/2023 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	477.42	423.78	975.24	869.16	1,362.66	1,235.34
	5 to < 6	442.10	459.10	902.81	941.59	1,259.71	1,338.29
	6 to < 7	300.84	600.36	613.09	1,231.31	847.93	1,750.07
	7 to < 8	265.53	635.67	540.66	1,303.74	744.99	1,853.01
	8.0	194.90	706.30	395.80	1,448.60	539.10	2,058.90
<b>Total Premium</b>			<b>901.20</b>		<b>1,844.40</b>		<b>2,598.00</b>
UHC Harmony \$10	4 to < 5	403.02	423.78	818.04	869.16	1,153.86	1,235.34
	5 to < 6	367.70	459.10	745.61	941.59	1,050.91	1,338.29
	6 to < 7	226.44	600.36	455.89	1,231.31	639.13	1,750.07
	7 to < 8	191.13	635.67	383.46	1,303.74	536.19	1,853.01
	8.0	120.50	706.30	238.60	1,448.60	330.30	2,058.90
<b>Total Premium</b>			<b>826.80</b>		<b>1,687.20</b>		<b>2,389.20</b>
UHC HMO Network 2 No New Enrollees	4 to < 5	621.42	423.78	1,280.04	869.16	1,812.66	1,235.34
	5 to < 6	586.10	459.10	1,207.61	941.59	1,709.71	1,338.29
	6 to < 7	444.84	600.36	917.89	1,231.31	1,297.93	1,750.07
	7 to < 8	409.53	635.67	845.46	1,303.74	1,194.99	1,853.01
	8.0	338.90	706.30	700.60	1,448.60	989.10	2,058.90
<b>Total Premium</b>			<b>1,045.20</b>		<b>2,149.20</b>		<b>3,048.00</b>
UHC Journey Plan Harmony w/ HRA	4 to < 5	218.88	328.32	445.92	668.88	633.12	949.68
	5 to < 6	191.52	355.68	390.18	724.62	553.98	1,028.82
	6 to < 7	82.08	465.12	167.22	947.58	237.42	1,345.38
	7 to < 8	54.72	492.48	111.48	1,003.32	158.28	1,424.52
	8.0	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>
UHC Signature Value Alliance Low Option (\$2000 Deductible)	4 to < 5	224.16	336.24	459.36	689.04	655.20	982.80
	5 to < 6	196.14	364.26	401.94	746.46	573.30	1,064.70
	6 to < 7	84.06	476.34	172.26	976.14	245.70	1,392.30
	7 to < 8	56.04	504.36	114.84	1,033.56	163.80	1,474.20
	8.0	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>
UHC PPO	4 to < 5	1,287.42	423.78	2,691.24	869.16	3,839.46	1,235.34
	5 to < 6	1,252.10	459.10	2,618.81	941.59	3,736.51	1,338.29
	6 to < 7	1,110.84	600.36	2,329.09	1,231.31	3,324.73	1,750.07
	7 to < 8	1,075.53	635.67	2,256.66	1,303.74	3,221.79	1,853.01
	8.0	1,004.90	706.30	2,111.80	1,448.60	3,015.90	2,058.90
<b>Total Premium</b>			<b>1,711.20</b>		<b>3,560.40</b>		<b>5,074.80</b>
Cigna Select Medical HMO	4 to < 5	692.22	423.78	1,460.04	869.16	2,087.46	1,235.34
	5 to < 6	656.90	459.10	1,387.61	941.59	1,984.51	1,338.29
	6 to < 7	515.64	600.36	1,097.89	1,231.31	1,572.73	1,750.07
	7 to < 8	480.33	635.67	1,025.46	1,303.74	1,469.79	1,853.01
	8.0	409.70	706.30	880.60	1,448.60	1,263.90	2,058.90
<b>Total Premium</b>			<b>1,116.00</b>		<b>2,329.20</b>		<b>3,322.80</b>
Kaiser	4 to < 5	455.82	423.78	939.24	869.16	1,329.06	1,235.34
	5 to < 6	420.50	459.10	866.81	941.59	1,226.11	1,338.29
	6 to < 7	279.24	600.36	577.09	1,231.31	814.33	1,750.07
	7 to < 8	243.93	635.67	504.66	1,303.74	711.39	1,853.01
	8.0	173.30	706.30	359.80	1,448.60	505.50	2,058.90
<b>Total Premium</b>			<b>879.60</b>		<b>1,808.40</b>		<b>2,564.40</b>
Kaiser 25/40 Low Plan	4 to < 5	403.02	423.78	830.04	869.16	1,174.26	1,235.34
	5 to < 6	367.70	459.10	757.61	941.59	1,071.31	1,338.29
	6 to < 7	226.44	600.36	467.89	1,231.31	659.53	1,750.07
	7 to < 8	191.13	635.67	395.46	1,303.74	556.59	1,853.01
	8.0	120.50	706.30	250.60	1,448.60	350.70	2,058.90
<b>Total Premium</b>			<b>826.80</b>		<b>1,699.20</b>		<b>2,409.60</b>

Classified (CSEA) 01/01/2023- 12/31/2023 Health Benefit Rates							
	Hours	Employee Only		Employee + 1		Employee + 2 or More	
		Employee	District	Employee	District	Employee	District
Delta Dental PPO	4 to < 6	24.78	40.38	53.79	87.62	73.13	119.12
	6 to < 8	10.10	55.06	21.93	119.48	29.81	162.44
	8.0	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>
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
<b>Total Premium</b>			<b>18.62</b>		<b>36.61</b>		<b>54.13</b>
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
<b>Total Premium</b>			<b>15.46</b>		<b>29.71</b>		<b>44.77</b>

Current  
1/1/2023 - 12/31/2023