

Management (CUMA) 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	0.50	620.20	281.00	1,267.40	577.00	1,784.40	813.60
	0.60	564.00	337.20	1,152.00	692.40	1,621.68	976.32
	0.70	507.80	393.40	1,036.60	807.80	1,458.96	1,139.04
	0.75	479.70	421.50	978.90	865.50	1,377.60	1,220.40
	0.80	451.60	449.60	921.20	923.20	1,296.24	1,301.76
	0.90	395.40	505.80	805.80	1,038.60	1,133.52	1,464.48
	1.00	339.20	562.00	690.40	1,154.00	970.80	1,627.20
Total Premium			901.20		1,844.40		2,598.00
UHC Harmony \$10	0.50	545.80	281.00	1,110.20	577.00	1,575.60	813.60
	0.60	489.60	337.20	994.80	692.40	1,412.88	976.32
	0.70	433.40	393.40	879.40	807.80	1,250.16	1,139.04
	0.75	405.30	421.50	821.70	865.50	1,168.80	1,220.40
	0.80	377.20	449.60	764.00	923.20	1,087.44	1,301.76
	0.90	321.00	505.80	648.60	1,038.60	924.72	1,464.48
	1.00	264.80	562.00	533.20	1,154.00	762.00	1,627.20
Total Premium			826.80		1,687.20		2,389.20
UHC HMO Network 2 No New Enrollees	0.50	764.20	281.00	1,572.20	577.00	2,234.40	813.60
	0.60	708.00	337.20	1,456.80	692.40	2,071.68	976.32
	0.70	651.80	393.40	1,341.40	807.80	1,908.96	1,139.04
	0.75	623.70	421.50	1,283.70	865.50	1,827.60	1,220.40
	0.80	595.60	449.60	1,226.00	923.20	1,746.24	1,301.76
	0.90	539.40	505.80	1,110.60	1,038.60	1,583.52	1,464.48
	1.00	483.20	562.00	995.20	1,154.00	1,420.80	1,627.20
Total Premium			1,045.20		2,149.20		3,048.00
UHC Journey Plan Harmony w/ HRA	0.50	273.60	273.60	557.40	557.40	791.40	791.40
	0.60	218.88	328.32	445.92	668.88	633.12	949.68
	0.70	164.16	383.04	334.44	780.36	474.84	1,107.96
	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
Total Premium			547.20		1,114.80		1,582.80
UHC Signature Value Alliance Low Option (\$2000 Deductible)	0.50	280.20	280.20	574.20	574.20	824.40	813.60
	0.60	224.16	336.24	459.36	689.04	661.68	976.32
	0.70	168.12	392.28	344.52	803.88	498.96	1,139.04
	0.75	140.10	420.30	287.10	861.30	417.60	1,220.40
	0.80	112.08	448.32	229.68	918.72	336.24	1,301.76
	0.90	56.04	504.36	114.84	1,033.56	173.52	1,464.48
	1.00	0.00	560.40	0.00	1,148.40	10.80	1,627.20
Total Premium			560.40		1,148.40		1,638.00
UHC PPO	0.50	1,410.93	300.27	2,937.68	622.72	4,188.25	886.55
	0.60	1,350.88	360.32	2,813.14	747.26	4,010.95	1,063.85
	0.70	1,290.83	420.37	2,688.59	871.81	3,833.64	1,241.16
	0.75	1,260.80	450.40	2,626.32	934.08	3,744.98	1,329.82
	0.80	1,230.78	480.42	2,564.05	996.35	3,656.33	1,418.47
	0.90	1,170.72	540.48	2,439.50	1,120.90	3,479.02	1,595.78
	1.00	1,110.67	600.53	2,314.96	1,245.44	3,301.71	1,773.09
Total Premium			1,711.20		3,560.40		5,074.80
Cigna Select Medical HMO	0.50	835.00	281.00	1,752.20	577.00	2,509.20	813.60
	0.60	778.80	337.20	1,636.80	692.40	2,346.48	976.32
	0.70	722.60	393.40	1,521.40	807.80	2,183.76	1,139.04
	0.75	694.50	421.50	1,463.70	865.50	2,102.40	1,220.40
	0.80	666.40	449.60	1,406.00	923.20	2,021.04	1,301.76
	0.90	610.20	505.80	1,290.60	1,038.60	1,858.32	1,464.48
	1.00	554.00	562.00	1,175.20	1,154.00	1,695.60	1,627.20
Total Premium			1,116.00		2,329.20		3,322.80
Kaiser	0.50	598.60	281.00	1,231.40	577.00	1,750.80	813.60
	0.60	542.40	337.20	1,116.00	692.40	1,588.08	976.32
	0.70	486.20	393.40	1,000.60	807.80	1,425.36	1,139.04
	0.75	458.10	421.50	942.90	865.50	1,344.00	1,220.40
	0.80	430.00	449.60	885.20	923.20	1,262.64	1,301.76
	0.90	373.80	505.80	769.80	1,038.60	1,099.92	1,464.48
	1.00	317.60	562.00	654.40	1,154.00	937.20	1,627.20
Total Premium			879.60		1,808.40		2,564.40
Kaiser 25/40 Low Plan	0.50	545.80	281.00	1,122.20	577.00	1,596.00	813.60
	0.60	489.60	337.20	1,006.80	692.40	1,433.28	976.32
	0.70	433.40	393.40	891.40	807.80	1,270.56	1,139.04
	0.75	405.30	421.50	833.70	865.50	1,189.20	1,220.40
	0.80	377.20	449.60	776.00	923.20	1,107.84	1,301.76
	0.90	321.00	505.80	660.60	1,038.60	945.12	1,464.48
	1.00	264.80	562.00	545.20	1,154.00	782.40	1,627.20
Total Premium			826.80		1,699.20		2,409.60

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