

**Teamsters 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 Total Premium	less than 7.5 7.5 to 8	334.37 253.40	566.83 647.80	680.30 514.00	1,164.10 1,330.40	950.02 714.60	1,647.98 1,883.40
			<b>901.20</b>		<b>1,844.40</b>		<b>2,598.00</b>
UHC Harmony \$10 Total Premium	less than 7.5 7.5 to 8	259.97 179.00	566.83 647.80	523.10 356.80	1,164.10 1,330.40	741.22 505.80	1,647.98 1,883.40
			<b>826.80</b>		<b>1,687.20</b>		<b>2,389.20</b>
UHC HMO Network 2 No New Enrollees Total Premium	less than 7.5 7.5 to 8	478.37 397.40	566.83 647.80	985.10 818.80	1,164.10 1,330.40	1,400.02 1,164.60	1,647.98 1,883.40
			<b>1,045.20</b>		<b>2,149.20</b>		<b>3,048.00</b>
UHC Journey Plan Harmony w/ HRA Total Premium	less than 7.5 7.5 to 8	68.40 0.00	478.80 547.20	139.35 0.00	975.45 1,114.80	197.85 0.00	1,384.95 1,582.80
			<b>547.20</b>		<b>1,114.80</b>		<b>1,582.80</b>
UHC Signature Value Alliance Low Option (\$2000 Deductible) Total Premium	less than 7.5 7.5 to 8	70.05 0.00	490.35 560.40	143.55 0.00	1,004.85 1,148.40	204.75 0.00	1,433.25 1,638.00
			<b>560.40</b>		<b>1,148.40</b>		<b>1,638.00</b>
UHC PPO Total Premium	less than 7.5 7.5 to 8	1,154.40 1,074.86	556.80 636.34	2,412.57 2,248.60	1,147.83 1,311.80	3,443.56 3,210.53	1,631.24 1,864.27
			<b>1,711.20</b>		<b>3,560.40</b>		<b>5,074.80</b>
Cigna Select Medical HMO Total Premium	less than 7.5 7.5 to 8	549.17 468.20	566.83 647.80	1,165.10 998.80	1,164.10 1,330.40	1,674.82 1,439.40	1,647.98 1,883.40
			<b>1,116.00</b>		<b>2,329.20</b>		<b>3,322.80</b>
Kaiser Total Premium	less than 7.5 7.5 to 8	312.77 231.80	566.83 647.80	644.30 478.00	1,164.10 1,330.40	916.42 681.00	1,647.98 1,883.40
			<b>879.60</b>		<b>1,808.40</b>		<b>2,564.40</b>
Kaiser 25/40 Low Plan Total Premium	less than 7.5 7.5 to 8	259.97 179.00	566.83 647.80	535.10 368.80	1,164.10 1,330.40	761.62 526.20	1,647.98 1,883.40
			<b>826.80</b>		<b>1,699.20</b>		<b>2,409.60</b>
Delta Dental PPO Total Premium	less than 7.5 7.5 to 8	13.77 6.43	51.39 58.73	29.89 13.96	111.52 127.45	40.64 18.98	151.61 173.27
			<b>65.16</b>		<b>141.41</b>		<b>192.25</b>
Delta Dental HMO Total Premium	less than 7.5 7.5 to 8	2.33 0.00	16.31 18.64	4.58 0.00	32.03 36.61	6.77 0.00	47.36 54.13
			<b>18.64</b>		<b>36.61</b>		<b>54.13</b>
Vision Serv Plan Total Premium	less than 7.5 7.5 to 8	4.50 2.94	10.96 12.52	8.67 5.66	21.04 24.05	13.05 8.52	31.72 36.25
			<b>15.46</b>		<b>29.71</b>		<b>44.77</b>