

Classified (CSEA) 01/01/2027 - 12/31/2027 Monthly Health Benefit Rates - Tenthly Deductions							
Medical Plans	Hours Worked per Day	Employee Only		Employee + 1		Employee + 2 or More	
		Employee	District	Employee	District	Employee	District
UHC Alliance \$10 HMO	4 to < 5	810.54	468.66	1,654.68	958.92	2,309.22	1,369.98
	5 to < 6	771.48	507.72	1,574.77	1,038.83	2,195.05	1,484.15
	6 to < 7	615.26	663.94	1,255.13	1,358.47	1,738.39	1,940.81
	7 to < 8	576.21	702.99	1,175.22	1,438.38	1,624.23	2,054.97
	8	498.10	781.10	1,015.40	1,598.20	1,395.90	2,283.30
Total Premium			1,279.20		2,613.60		3,679.20
UHC Harmony \$10 HMO	4 to < 5	689.34	468.66	1,399.08	958.92	1,967.22	1,369.98
	5 to < 6	650.28	507.72	1,319.17	1,038.83	1,853.05	1,484.15
	6 to < 7	494.06	663.94	999.53	1,358.47	1,396.39	1,940.81
	7 to < 8	455.01	702.99	919.62	1,438.38	1,282.23	2,054.97
	8	376.90	781.10	759.80	1,598.20	1,053.90	2,283.30
Total Premium			1,158.00		2,358.00		3,337.20
UHC Harmony HMO w/ HRA	4 to < 5	0.00	734.40	598.56	897.84	849.12	1,273.68
	5 to < 6	0.00	734.40	523.74	972.66	742.98	1,379.82
	6 to < 7	0.00	734.40	224.46	1,271.94	318.42	1,804.38
	7 to < 8	0.00	734.40	149.64	1,346.76	212.28	1,910.52
	8	0.00	734.40	0.00	1,496.40	0.00	2,122.80
Total Premium			734.40		1,496.40		2,122.80
UHC Alliance HMO w/ HRA	4 to < 5	300.00	450.00	615.36	923.04	877.44	1,316.16
	5 to < 6	262.50	487.50	538.44	999.96	767.76	1,425.84
	6 to < 7	112.50	637.50	230.76	1,307.64	329.04	1,864.56
	7 to < 8	75.00	675.00	153.84	1,384.56	219.36	1,974.24
	8	0.00	750.00	0.00	1,538.40	0.00	2,193.60
Total Premium			750.00		1,538.40		2,193.60
UMR Select Plus PPO	4 to < 5	1,843.74	468.66	3,848.28	958.92	5,478.42	1,369.98
	5 to < 6	1,804.68	507.72	3,768.37	1,038.83	5,364.25	1,484.15
	6 to < 7	1,648.46	663.94	3,448.73	1,358.47	4,907.59	1,940.81
	7 to < 8	1,609.41	702.99	3,368.82	1,438.38	4,793.43	2,054.97
	8	1,531.30	781.10	3,209.00	1,598.20	4,565.10	2,283.30
Total Premium			2,312.40		4,807.20		6,848.40
Cigna Select \$10 HMO	4 to < 5	1,229.34	468.66	2,583.48	958.92	3,682.02	1,369.98
	5 to < 6	1,190.28	507.72	2,503.57	1,038.83	3,567.85	1,484.15
	6 to < 7	1,034.06	663.94	2,183.93	1,358.47	3,111.19	1,940.81
	7 to < 8	995.01	702.99	2,104.02	1,438.38	2,997.03	2,054.97
	8	916.90	781.10	1,944.20	1,598.20	2,768.70	2,283.30
Total Premium			1,698.00		3,542.40		5,052.00
Kaiser \$15 HMO	4 to < 5	779.34	468.66	1,606.68	958.92	2,266.02	1,369.98
	5 to < 6	740.28	507.72	1,526.77	1,038.83	2,151.85	1,484.15
	6 to < 7	584.06	663.94	1,207.13	1,358.47	1,695.19	1,940.81
	7 to < 8	545.01	702.99	1,127.22	1,438.38	1,581.03	2,054.97
	8	466.90	781.10	967.40	1,598.20	1,352.70	2,283.30
Total Premium			1,248.00		2,565.60		3,636.00
Kaiser \$25 HMO	4 to < 5	703.74	468.66	1,447.08	958.92	2,041.62	1,369.98
	5 to < 6	664.68	507.72	1,367.17	1,038.83	1,927.45	1,484.15
	6 to < 7	508.46	663.94	1,047.53	1,358.47	1,470.79	1,940.81
	7 to < 8	469.41	702.99	967.62	1,438.38	1,356.63	2,054.97
	8	391.30	781.10	807.80	1,598.20	1,128.30	2,283.30
Total Premium			1,172.40		2,406.00		3,411.60

Classified (CSEA)							
01/01/2027 - 12/31/2027							
Monthly Health Benefit Rates - Tenthly Deductions							
Dental and Vision Plans	Hours Worked per Day	Employee Only		Employee + 1		Employee + 2 or More	
		Employee	District	Employee	District	Employee	District
Delta Dental PPO	4 to < 6	29.60	40.38	64.25	87.62	87.36	119.12
	6 to < 8	14.92	55.06	32.39	119.48	44.04	162.44
	8	11.25	58.73	24.42	127.45	33.21	173.27
	Total Premium		69.98		151.87		206.48
Delta Dental HMO	4 to < 6	9.12	12.80	17.11	25.95	25.50	38.16
	6 to < 8	4.46	17.46	7.68	35.38	11.63	52.03
	8	3.30	18.62	5.32	37.74	8.16	55.50
	Total Premium		21.92		43.06		63.66
Vision Service Plan	4 to < 6	6.16	8.61	11.87	16.53	17.87	24.92
	6 to < 8	3.03	11.74	5.85	22.55	8.81	33.98
	8	2.25	12.52	4.35	24.05	6.54	36.25
	Total Premium		14.77		28.40		42.79