

Certificated (CUEA) 01/07/2027 - 12/31/2027 Monthly Health Benefit Rates - Tenthly Deductions							
Medical Plans	Contract Percentage	Employee Only		Employee + 1		Employee + 2 or More	
		Employee	District	Employee	District	Employee	District
UHC Alliance \$10 HMO	0.50	885.70	393.50	1,818.85	794.75	2,549.30	1,129.90
	0.60	807.00	472.20	1,659.90	953.70	2,323.32	1,355.88
	0.70	728.30	550.90	1,500.95	1,112.65	2,097.34	1,581.86
	0.80	649.60	629.60	1,342.00	1,271.60	1,871.36	1,807.84
	0.90	570.90	708.30	1,183.05	1,430.55	1,645.38	2,033.82
	1.00	492.20	787.00	1,024.10	1,589.50	1,419.40	2,259.80
Total Premium			1,279.20		2,613.60		3,679.20
UHC Harmony \$10 HMO	0.50	764.50	393.50	1,563.25	794.75	2,207.30	1,129.90
	0.60	685.80	472.20	1,404.30	953.70	1,981.32	1,355.88
	0.70	607.10	550.90	1,245.35	1,112.65	1,755.34	1,581.86
	0.80	528.40	629.60	1,086.40	1,271.60	1,529.36	1,807.84
	0.90	449.70	708.30	927.45	1,430.55	1,303.38	2,033.82
	1.00	371.00	787.00	768.50	1,589.50	1,077.40	2,259.80
Total Premium			1,158.00		2,358.00		3,337.20
UHC Harmony HMO w/ HRA	0.50	367.20	367.20	748.20	748.20	1,061.40	1,061.40
	0.60	293.76	440.64	598.56	897.84	849.12	1,273.68
	0.70	220.32	514.08	448.92	1,047.48	636.84	1,485.96
	0.80	146.88	587.52	299.28	1,197.12	424.56	1,698.24
	0.90	73.44	660.96	149.64	1,346.76	212.28	1,910.52
	1.00	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	0.50	375.00	375.00	769.20	769.20	1,096.80	1,096.80
	0.60	300.00	450.00	615.36	923.04	877.44	1,316.16
	0.70	225.00	525.00	461.52	1,076.88	658.08	1,535.52
	0.80	150.00	600.00	307.68	1,230.72	438.72	1,754.88
	0.90	75.00	675.00	153.84	1,384.56	219.36	1,974.24
	1.00	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	0.50	1,918.90	393.50	4,012.45	794.75	5,718.50	1,129.90
	0.60	1,840.20	472.20	3,853.50	953.70	5,492.52	1,355.88
	0.70	1,761.50	550.90	3,694.55	1,112.65	5,266.54	1,581.86
	0.80	1,682.80	629.60	3,535.60	1,271.60	5,040.56	1,807.84
	0.90	1,604.10	708.30	3,376.65	1,430.55	4,814.58	2,033.82
	1.00	1,525.40	787.00	3,217.70	1,589.50	4,588.60	2,259.80
Total Premium			2,312.40		4,807.20		6,848.40
Cigna Select \$10 HMO	0.50	1,304.50	393.50	2,747.65	794.75	3,922.10	1,129.90
	0.60	1,225.80	472.20	2,588.70	953.70	3,696.12	1,355.88
	0.70	1,147.10	550.90	2,429.75	1,112.65	3,470.14	1,581.86
	0.80	1,068.40	629.60	2,270.80	1,271.60	3,244.16	1,807.84
	0.90	989.70	708.30	2,111.85	1,430.55	3,018.18	2,033.82
	1.00	911.00	787.00	1,952.90	1,589.50	2,792.20	2,259.80
Total Premium			1,698.00		3,542.40		5,052.00
Kaiser \$15 HMO	0.50	854.50	393.50	1,770.85	794.75	2,506.10	1,129.90
	0.60	775.80	472.20	1,611.90	953.70	2,280.12	1,355.88
	0.70	697.10	550.90	1,452.95	1,112.65	2,054.14	1,581.86
	0.80	618.40	629.60	1,294.00	1,271.60	1,828.16	1,807.84
	0.90	539.70	708.30	1,135.05	1,430.55	1,602.18	2,033.82
	1.00	461.00	787.00	976.10	1,589.50	1,376.20	2,259.80
Total Premium			1,248.00		2,565.60		3,636.00
Kaiser \$25 HMO	0.50	778.90	393.50	1,611.25	794.75	2,281.70	1,129.90
	0.60	700.20	472.20	1,452.30	953.70	2,055.72	1,355.88
	0.70	621.50	550.90	1,293.35	1,112.65	1,829.74	1,581.86
	0.80	542.80	629.60	1,134.40	1,271.60	1,603.76	1,807.84
	0.90	464.10	708.30	975.45	1,430.55	1,377.78	2,033.82
	1.00	385.40	787.00	816.50	1,589.50	1,151.80	2,259.80
Total Premium			1,172.40		2,406.00		3,411.60

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Dental and Vision Plans	Contract Percentage	Employee Only		Employee + 1		Employee + 2 or More	
		Employee	District	Employee	District	Employee	District
Delta Dental PPO	0.50	40.61	29.37	88.14	63.73	119.84	86.64
	0.60	34.74	35.24	75.40	76.47	102.52	103.96
	0.70	28.87	41.11	62.65	89.22	85.19	121.29
	0.80	23.00	46.98	49.91	101.96	67.86	138.62
	0.90	17.12	52.86	37.16	114.71	50.54	155.94
	1.00	11.25	58.73	24.42	127.45	33.21	173.27
	Total Premium		69.98		151.87		206.48
Delta Dental HMO	0.50	12.38	9.54	24.19	18.87	35.91	27.75
	0.60	10.48	11.44	20.42	22.64	30.36	33.30
	0.70	8.57	13.35	16.64	26.42	24.81	38.85
	0.80	6.66	15.26	12.87	30.19	19.26	44.40
	0.90	4.76	17.16	9.09	33.97	13.71	49.95
	1.00	3.30	18.62	5.32	37.74	8.16	55.50
	Total Premium		21.92		43.06		63.66
Vision Service Plan	0.50	8.51	6.26	16.37	12.03	24.66	18.13
	0.60	7.26	7.51	13.97	14.43	21.04	21.75
	0.70	6.01	8.76	11.56	16.84	17.41	25.38
	0.80	4.75	10.02	9.16	19.24	13.79	29.00
	0.90	3.50	11.27	6.75	21.65	10.16	32.63
	1.00	2.25	12.52	4.35	24.05	6.54	36.25
	Total Premium		14.77		28.40		42.79