| Teamsters (TEAM)<br>01/01/2026 - 12/31/2026<br>Health Benefit Rates | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Hours Worked per Day | Employee Only | | Employee + 1 | | Employee + 2 or More | |
| Medical Plans | | Employee | District | Employee | District | Employee | District |
| UHC Alliance $10 HMO | 4 to 8 | 474.20 | 659.80 | 964.00 | 1,354.40 | 1,344.60 | 1,919.40 |
| Total Premium | | | 1,134.00 | | 2,318.40 | | 3,264.00 |
| UHC Harmony $10 HMO | 4 to 8 | 374.60 | 659.80 | 754.00 | 1,354.40 | 1,065.00 | 1,919.40 |
| Total Premium | | | 1,034.40 | | 2,108.40 | | 2,984.40 |
| UHC Harmony HMO w/ HRA | 4 to 8 | 0.00 | 662.40 | 0.00 | 1,350.00 | 0.00 | 1,915.20 |
| Total Premium | | | 662.40 | | 1,350.00 | | 1,915.20 |
| UHC Alliance HMO w/ HRA | 4 to 8 | 15.80 | 659.80 | 32.80 | 1,354.40 | 59.40 | 1,919.40 |
| Total Premium | | | 675.60 | | 1,387.20 | | 1,978.80 |
| UMR Select Plus PPO | 4 to 8 | 1,523.66 | 636.34 | 3,181.00 | 1,311.80 | 4,537.73 | 1,864.27 |
| Total Premium | | | 2,160.00 | | 4,492.80 | | 6,402.00 |
| Cigna Select $10 HMO | 4 to 8 | 884.60 | 659.80 | 1,867.60 | 1,354.40 | 2,676.60 | 1,919.40 |
| Total Premium | | | 1,544.40 | | 3,222.00 | | 4,596.00 |
| Kaiser $15 HMO | 4 to 8 | 521.00 | 659.80 | 1,074.40 | 1,354.40 | 1,523.40 | 1,919.40 |
| Total Premium | | | 1,180.80 | | 2,428.80 | | 3,442.80 |
| Kaiser $25 HMO | 4 to 8 | 449.00 | 659.80 | 922.00 | 1,354.40 | 1,309.80 | 1,919.40 |
| Total Premium | | | 1,108.80 | | 2,276.40 | | 3,229.20 |
| Delta Dental PPO | 4 to 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 8 | 0.00 | 19.57 | 0.00 | 38.45 | 0.00 | 56.84 |
| Total Premium | | | 19.57 | | 38.45 | | 56.84 |
| Vision Service Plan | 4 to 8 | 1.82 | 12.52 | 3.53 | 24.05 | 5.29 | 36.25 |
| Total Premium | | | 14.34 | | 27.58 | | 41.54 |