Certificated (CUEA)
01/01/2025 - 06/30/2025
Health Benefit Rates

Medical Plans	Contract Percentage	Employee Only		Employee + 1		Employee + 2 or More	
		Employee	District	Employee	District	Employee	District
UHC CS VEBA Alliance $10 HMO	0.50	670.30	366.50	1,378.45	740.75	1,934.30	1,048.90
	0.60	597.00	439.80	1,230.30	888.90	1,724.52	1,258.68
	0.70	523.70	513.10	1,082.15	1,037.05	1,514.74	1,468.46
	0.75	487.05	549.75	1,008.07	1,111.13	1,409.85	1,573.35
	0.80	450.40	586.40	934.00	1,185.20	1,304.96	1,678.24
	0.90	377.10	659.70	785.85	1,333.35	1,095.18	1,888.02
	1.00	303.80	733.00	637.70	1,481.50	885.40	2,097.80
Total Premium			**1,036.80**		**2,119.20**		**2,983.20**
UHC Harmony $10 HMO	0.50	574.30	366.50	1,176.85	740.75	1,665.50	1,048.90
	0.60	501.00	439.80	1,028.70	888.90	1,455.72	1,258.68
	0.70	427.70	513.10	880.55	1,037.05	1,245.94	1,468.46
	0.75	391.05	549.75	806.47	1,111.13	1,141.05	1,573.35
	0.80	354.40	586.40	732.40	1,185.20	1,036.16	1,678.24
	0.90	281.10	659.70	584.25	1,333.35	826.38	1,888.02
	1.00	207.80	733.00	436.10	1,481.50	616.60	2,097.80
Total Premium			**940.80**		**1,917.60**		**2,714.40**
UHC Harmony HMO w/ HRA	0.50	307.20	307.20	625.80	625.80	888.00	888.00
	0.60	245.76	368.64	500.64	750.96	710.40	1,065.60
	0.70	184.32	430.08	375.48	876.12	532.80	1,243.20
	0.75	153.60	460.80	312.90	938.70	444.00	1,332.00
	0.80	122.88	491.52	250.32	1,001.28	355.20	1,420.80
	0.90	61.44	552.96	125.16	1,126.44	177.60	1,598.40
	1.00	0.00	614.40	0.00	1,251.60	0.00	1,776.00
Total Premium			**614.40**		**1,251.60**		**1,776.00**
UHC CS VEBA Alliance HMO w/ HRA	0.50	313.20	313.20	643.20	643.20	917.40	917.40
	0.60	250.56	375.84	514.56	771.84	733.92	1,100.88
	0.70	187.92	438.48	385.92	900.48	550.44	1,284.36
	0.75	156.60	469.80	321.60	964.80	458.70	1,376.10
	0.80	125.28	501.12	257.28	1,029.12	366.96	1,467.84
	0.90	62.64	563.76	128.64	1,157.76	183.48	1,651.32
	1.00	0.00	626.40	0.00	1,286.40	0.00	1,834.80
Total Premium			**626.40**		**1,286.40**		**1,834.80**
UMR Select Plus PPO	0.50	1,547.50	366.50	3,236.05	740.75	4,618.70	1,048.90
	0.60	1,474.20	439.80	3,087.90	888.90	4,408.92	1,258.68
	0.70	1,400.90	513.10	2,939.75	1,037.05	4,199.14	1,468.46
	0.75	1,364.25	549.75	2,865.67	1,111.13	4,094.25	1,573.35
	0.80	1,327.60	586.40	2,791.60	1,185.20	3,989.36	1,678.24
	0.90	1,254.30	659.70	2,643.45	1,333.35	3,779.58	1,888.02
	1.00	1,181.00	733.00	2,495.30	1,481.50	3,569.80	2,097.80
Total Premium			**1,914.00**		**3,976.80**		**5,667.60**
Cigna Select $10 HMO	0.50	1,054.30	366.50	2,223.25	740.75	3,179.90	1,048.90
	0.60	981.00	439.80	2,075.10	888.90	2,970.12	1,258.68
	0.70	907.70	513.10	1,926.95	1,037.05	2,760.34	1,468.46
	0.75	871.05	549.75	1,852.87	1,111.13	2,655.45	1,573.35
	0.80	834.40	586.40	1,778.80	1,185.20	2,550.56	1,678.24
	0.90	761.10	659.70	1,630.65	1,333.35	2,340.78	1,888.02
	1.00	687.80	733.00	1,482.50	1,481.50	2,131.00	2,097.80
Total Premium			**1,420.80**		**2,964.00**		**4,228.80**
Kaiser $15 HMO	0.50	690.70	366.50	1,433.65	740.75	2,033.90	1,048.90
	0.60	617.40	439.80	1,285.50	888.90	1,824.12	1,258.68
	0.70	544.10	513.10	1,137.35	1,037.05	1,614.34	1,468.46
	0.75	507.45	549.75	1,063.27	1,111.13	1,509.45	1,573.35
	0.80	470.80	586.40	989.20	1,185.20	1,404.56	1,678.24
	0.90	397.50	659.70	841.05	1,333.35	1,194.78	1,888.02
	1.00	324.20	733.00	692.90	1,481.50	985.00	2,097.80
Total Premium			**1,057.20**		**2,174.40**		**3,082.80**
Kaiser $25 HMO Low Option	0.50	627.10	366.50	1,299.25	740.75	1,844.30	1,048.90
	0.60	553.80	439.80	1,151.10	888.90	1,634.52	1,258.68
	0.70	480.50	513.10	1,002.95	1,037.05	1,424.74	1,468.46
	0.75	443.85	549.75	928.87	1,111.13	1,319.85	1,573.35
	0.80	407.20	586.40	854.80	1,185.20	1,214.96	1,678.24
	0.90	333.90	659.70	706.65	1,333.35	1,005.18	1,888.02
	1.00	260.60	733.00	558.50	1,481.50	795.40	2,097.80
Total Premium			**993.60**		**2,040.00**		**2,893.20**

Certificated (CUEA) 01/01/2025 - 06/30/2025 Health Benefit Rates							
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	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	10.03	9.54	19.58	18.87	29.09	27.75
	0.60	8.13	11.44	15.81	22.64	23.54	33.30
	0.70	6.22	13.35	12.03	26.42	17.99	38.85
	0.75	5.27	14.30	10.14	28.31	15.21	41.63
	0.80	4.31	15.26	8.26	30.19	12.44	44.40
	0.90	2.41	17.16	4.48	33.97	6.89	49.95
	1.00	0.50	19.07	0.71	37.74	1.34	55.50
Total Premium			**19.57**		**38.45**		**56.84**
Vision Service Plan	0.50	8.08	6.26	15.55	12.03	23.41	18.13
	0.60	6.83	7.51	13.15	14.43	19.79	21.75
	0.70	5.58	8.76	10.74	16.84	16.16	25.38
	0.75	4.95	9.39	9.54	18.04	14.35	27.19
	0.80	4.32	10.02	8.34	19.24	12.54	29.00
	0.90	3.07	11.27	5.93	21.65	8.91	32.63
	1.00	1.82	12.52	3.53	24.05	5.29	36.25
Total Premium			**14.34**		**27.58**		**41.54**