Certificated (CUEA)
01/01/2027 - 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

Certificated (CUEA) 01/01/2027 - 12/31/2027 Monthly Health Benefit Rates - Tenthly Deductions							
		Employee Only		Employee + 1		Employee + 2 or More	
Dental and Vision Plans	Contract Percentage	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