Certificated (CUEA) 01/01/2026 - 12/31/2026 Health Benefit Rates							
		Employee Only		Employee + 1		Employee + 2 or More	
Medical Plans	Contract Percentage	Employee	District	Employee	District	Employee	District
UHC Alliance $10 HMO	0.50	740.50	393.50	1,523.65	794.75	2,134.10	1,129.90
	0.60	661.80	472.20	1,364.70	953.70	1,908.12	1,355.88
	0.70	583.10	550.90	1,205.75	1,112.65	1,682.14	1,581.86
	0.80	504.40	629.60	1,046.80	1,271.60	1,456.16	1,807.84
	0.90	425.70	708.30	887.85	1,430.55	1,230.18	2,033.82
	1.00	347.00	787.00	728.90	1,589.50	1,004.20	2,259.80
Total Premium			1,134.00		2,318.40		3,264.00
UHC Harmony $10 HMO	0.50	640.90	393.50	1,313.65	794.75	1,854.50	1,129.90
	0.60	562.20	472.20	1,154.70	953.70	1,628.52	1,355.88
	0.70	483.50	550.90	995.75	1,112.65	1,402.54	1,581.86
	0.80	404.80	629.60	836.80	1,271.60	1,176.56	1,807.84
	0.90	326.10	708.30	677.85	1,430.55	950.58	2,033.82
	1.00	247.40	787.00	518.90	1,589.50	724.60	2,259.80
Total Premium			1,034.40		2,108.40		2,984.40
UHC Harmony HMO w/ HRA	0.50	331.20	331.20	675.00	675.00	957.60	957.60
	0.60	264.96	397.44	540.00	810.00	766.08	1,149.12
	0.70	198.72	463.68	405.00	945.00	574.56	1,340.64
	0.80	132.48	529.92	270.00	1,080.00	383.04	1,532.16
	0.90	66.24	596.16	135.00	1,215.00	191.52	1,723.68
	1.00	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	0.50	337.80	337.80	693.60	693.60	989.40	989.40
	0.60	270.24	405.36	554.88	832.32	791.52	1,187.28
	0.70	202.68	472.92	416.16	971.04	593.64	1,385.16
	0.80	135.12	540.48	277.44	1,109.76	395.76	1,583.04
	0.90	67.56	608.04	138.72	1,248.48	197.88	1,780.92
	1.00	0.00	675.60	0.00	1,387.20	0.00	1,978.80
Total Premium			675.60		1,387.20		1,978.80
UMR Select Plus PPO	0.50	1,766.50	393.50	3,698.05	794.75	5,272.10	1,129.90
	0.60	1,687.80	472.20	3,539.10	953.70	5,046.12	1,355.88
	0.70	1,609.10	550.90	3,380.15	1,112.65	4,820.14	1,581.86
	0.80	1,530.40	629.60	3,221.20	1,271.60	4,594.16	1,807.84
	0.90	1,451.70	708.30	3,062.25	1,430.55	4,368.18	2,033.82
	1.00	1,373.00	787.00	2,903.30	1,589.50	4,142.20	2,259.80
Total Premium			2,160.00		4,492.80		6,402.00
Cigna Select $10 HMO	0.50	1,150.90	393.50	2,427.25	794.75	3,466.10	1,129.90
	0.60	1,072.20	472.20	2,268.30	953.70	3,240.12	1,355.88
	0.70	993.50	550.90	2,109.35	1,112.65	3,014.14	1,581.86
	0.80	914.80	629.60	1,950.40	1,271.60	2,788.16	1,807.84
	0.90	836.10	708.30	1,791.45	1,430.55	2,562.18	2,033.82
	1.00	757.40	787.00	1,632.50	1,589.50	2,336.20	2,259.80
Total Premium			1,544.40		3,222.00		4,596.00
Kaiser $15 HMO	0.50	787.30	393.50	1,634.05	794.75	2,312.90	1,129.90
	0.60	708.60	472.20	1,475.10	953.70	2,086.92	1,355.88
	0.70	629.90	550.90	1,316.15	1,112.65	1,860.94	1,581.86
	0.80	551.20	629.60	1,157.20	1,271.60	1,634.96	1,807.84
	0.90	472.50	708.30	998.25	1,430.55	1,408.98	2,033.82
	1.00	393.80	787.00	839.30	1,589.50	1,183.00	2,259.80
Total Premium			1,180.80		2,428.80		3,442.80
Kaiser $25 HMO	0.50	715.30	393.50	1,481.65	794.75	2,099.30	1,129.90
	0.60	636.60	472.20	1,322.70	953.70	1,873.32	1,355.88
	0.70	557.90	550.90	1,163.75	1,112.65	1,647.34	1,581.86
	0.80	479.20	629.60	1,004.80	1,271.60	1,421.36	1,807.84
	0.90	400.50	708.30	845.85	1,430.55	1,195.38	2,033.82
	1.00	321.80	787.00	686.90	1,589.50	969.40	2,259.80
Total Premium			1,108.80		2,276.40		3,229.20

Certificated (CUEA) 01/01/2026 - 12/31/2026 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	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	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
	0.80	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
	0.80	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