

Classified (CSEA)							
01/01/2026 - 12/31/2026							
Health Benefit Rates							
Medical Plans	Hours Worked per Day	Employee Only		Employee + 1		Employee + 2 or More	
		Employee	District	Employee	District	Employee	District
UHC Alliance \$10 HMO	4 to < 5	665.34	468.66	1,359.48	958.92	1,894.02	1,369.98
	5 to < 6	626.28	507.72	1,279.57	1,038.83	1,779.85	1,484.15
	6 to < 7	470.06	663.94	959.93	1,358.47	1,323.19	1,940.81
	7 to < 8	431.01	702.99	880.02	1,438.38	1,209.03	2,054.97
	8	352.90	781.10	720.20	1,598.20	980.70	2,283.30
	Total Premium			1,134.00		2,318.40	
UHC Harmony \$10 HMO	4 to < 5	565.74	468.66	1,149.48	958.92	1,614.42	1,369.98
	5 to < 6	526.68	507.72	1,069.57	1,038.83	1,500.25	1,484.15
	6 to < 7	370.46	663.94	749.93	1,358.47	1,043.59	1,940.81
	7 to < 8	331.41	702.99	670.02	1,438.38	929.43	2,054.97
	8	253.30	781.10	510.20	1,598.20	701.10	2,283.30
	Total Premium			1,034.40		2,108.40	
UHC Harmony HMO w/ HRA	4 to < 5	0.00	662.40	540.00	810.00	766.08	1,149.12
	5 to < 6	0.00	662.40	472.50	877.50	670.32	1,244.88
	6 to < 7	0.00	662.40	202.50	1,147.50	287.28	1,627.92
	7 to < 8	0.00	662.40	135.00	1,215.00	191.52	1,723.68
	8	0.00	662.40	0.00	1,350.00	0.00	1,915.20
	Total Premium			662.40		1,350.00	
UHC Alliance HMO w/ HRA	4 to < 5	270.24	405.36	554.88	832.32	791.52	1,187.28
	5 to < 6	236.46	439.14	485.52	901.68	692.58	1,286.22
	6 to < 7	101.34	574.26	208.08	1,179.12	296.82	1,681.98
	7 to < 8	67.56	608.04	138.72	1,248.48	197.88	1,780.92
	8	0.00	675.60	0.00	1,387.20	0.00	1,978.80
	Total Premium			675.60		1,387.20	
UMR Select Plus PPO	4 to < 5	1,691.34	468.66	3,533.88	958.92	5,032.02	1,369.98
	5 to < 6	1,652.28	507.72	3,453.97	1,038.83	4,917.85	1,484.15
	6 to < 7	1,496.06	663.94	3,134.33	1,358.47	4,461.19	1,940.81
	7 to < 8	1,457.01	702.99	3,054.42	1,438.38	4,347.03	2,054.97
	8	1,378.90	781.10	2,894.60	1,598.20	4,118.70	2,283.30
	Total Premium			2,160.00		4,492.80	
Cigna Select \$10 HMO	4 to < 5	1,075.74	468.66	2,263.08	958.92	3,226.02	1,369.98
	5 to < 6	1,036.68	507.72	2,183.17	1,038.83	3,111.85	1,484.15
	6 to < 7	880.46	663.94	1,863.53	1,358.47	2,655.19	1,940.81
	7 to < 8	841.41	702.99	1,783.62	1,438.38	2,541.03	2,054.97
	8	763.30	781.10	1,623.80	1,598.20	2,312.70	2,283.30
	Total Premium			1,544.40		3,222.00	
Kaiser \$15 HMO	4 to < 5	712.14	468.66	1,469.88	958.92	2,072.82	1,369.98
	5 to < 6	673.08	507.72	1,389.97	1,038.83	1,958.65	1,484.15
	6 to < 7	516.86	663.94	1,070.33	1,358.47	1,501.99	1,940.81
	7 to < 8	477.81	702.99	990.42	1,438.38	1,387.83	2,054.97
	8	399.70	781.10	830.60	1,598.20	1,159.50	2,283.30
	Total Premium			1,180.80		2,428.80	
Kaiser \$25 HMO	4 to < 5	640.14	468.66	1,317.48	958.92	1,859.22	1,369.98
	5 to < 6	601.08	507.72	1,237.57	1,038.83	1,745.05	1,484.15
	6 to < 7	444.86	663.94	917.93	1,358.47	1,288.39	1,940.81
	7 to < 8	405.81	702.99	838.02	1,438.38	1,174.23	2,054.97
	8	327.70	781.10	678.20	1,598.20	945.90	2,283.30
	Total Premium			1,108.80		2,276.40	

Classified (CSEA) 01/01/2026 - 12/31/2026 Health Benefit Rates							
Dental and Vision Plans	Hours Worked per Day	Employee Only		Employee + 1		Employee + 2 or More	
		Employee	District	Employee	District	Employee	District
Delta Dental PPO	4 to < 6	29.60	40.38	64.25	87.62	87.36	119.12
	6 to < 8	14.92	55.06	32.39	119.48	44.04	162.44
	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 < 6	6.46	13.11	12.50	25.95	18.68	38.16
	6 to < 8	1.69	17.88	3.07	35.38	4.81	52.03
	8	0.50	19.07	0.71	37.74	1.34	55.50
	Total Premium		19.57		38.45		56.84
Vision Service Plan	4 to < 6	5.73	8.61	11.05	16.53	16.62	24.92
	6 to < 8	2.60	11.74	5.03	22.55	7.56	33.98
	8	1.82	12.52	3.53	24.05	5.29	36.25
	Total Premium		14.34		27.58		41.54