

Teamsters (TEAM) 01/07/2027 - 12/31/2027 Monthly Health Benefit Rates - Tenthly Deductions							
Medical, Dental, and Vision 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 8	619.40	659.80	1,259.20	1,354.40	1,759.80	1,919.40
Total Premium			1,279.20		2,613.60		3,679.20
UHC Harmony \$10 HMO	4 to 8	498.20	659.80	1,003.60	1,354.40	1,417.80	1,919.40
Total Premium			1,158.00		2,358.00		3,337.20
UHC Harmony HMO w/ HRA	4 to 8	74.60	659.80	142.00	1,354.40	203.40	1,919.40
Total Premium			734.40		1,496.40		2,122.80
UHC Alliance HMO w/ HRA	4 to 8	90.20	659.80	184.00	1,354.40	274.20	1,919.40
Total Premium			750.00		1,538.40		2,193.60
UMR Select Plus PPO	4 to 8	1,676.06	636.34	3,495.40	1,311.80	4,984.13	1,864.27
Total Premium			2,312.40		4,807.20		6,848.40
Cigna Select \$10 HMO	4 to 8	1,038.20	659.80	2,188.00	1,354.40	3,132.60	1,919.40
Total Premium			1,698.00		3,542.40		5,052.00
Kaiser \$15 HMO	4 to 8	588.20	659.80	1,211.20	1,354.40	1,716.60	1,919.40
Total Premium			1,248.00		2,565.60		3,636.00
Kaiser \$25 HMO	4 to 8	512.60	659.80	1,051.60	1,354.40	1,492.20	1,919.40
Total Premium			1,172.40		2,406.00		3,411.60
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	21.92	0.00	43.06	0.00	63.66
Total Premium			21.92		43.06		63.66
Vision Service Plan	4 to 8	2.25	12.52	4.35	24.05	6.54	36.25
Total Premium			14.77		28.40		42.79