

Certificated (CUEA) 07/01/2025 - 12/31/2025 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	643.30	393.50	1,324.45	794.75	1,853.30	1,129.90
	0.60	564.60	472.20	1,165.50	953.70	1,627.32	1,355.88
	0.70	485.90	550.90	1,006.55	1,112.65	1,401.34	1,581.86
	0.75	446.55	590.25	927.07	1,192.13	1,288.35	1,694.85
	0.80	407.20	629.60	847.60	1,271.60	1,175.36	1,807.84
	0.90	328.50	708.30	688.65	1,430.55	949.38	2,033.82
	1.00	249.80	787.00	529.70	1,589.50	723.40	2,259.80
Total Premium			1,036.80		2,119.20		2,983.20
UHC Harmony \$10 HMO	0.50	547.30	393.50	1,122.85	794.75	1,584.50	1,129.90
	0.60	468.60	472.20	963.90	953.70	1,358.52	1,355.88
	0.70	389.90	550.90	804.95	1,112.65	1,132.54	1,581.86
	0.75	350.55	590.25	725.47	1,192.13	1,019.55	1,694.85
	0.80	311.20	629.60	646.00	1,271.60	906.56	1,807.84
	0.90	232.50	708.30	487.05	1,430.55	680.58	2,033.82
	1.00	153.80	787.00	328.10	1,589.50	454.60	2,259.80
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	1,520.50	393.50	3,182.05	794.75	4,537.70	1,129.90
	0.60	1,441.80	472.20	3,023.10	953.70	4,311.72	1,355.88
	0.70	1,363.10	550.90	2,864.15	1,112.65	4,085.74	1,581.86
	0.75	1,323.75	590.25	2,784.67	1,192.13	3,972.75	1,694.85
	0.80	1,284.40	629.60	2,705.20	1,271.60	3,859.76	1,807.84
	0.90	1,205.70	708.30	2,546.25	1,430.55	3,633.78	2,033.82
	1.00	1,127.00	787.00	2,387.30	1,589.50	3,407.80	2,259.80
Total Premium			1,914.00		3,976.80		5,667.60
Cigna Select \$10 HMO	0.50	1,027.30	393.50	2,169.25	794.75	3,098.90	1,129.90
	0.60	948.60	472.20	2,010.30	953.70	2,872.92	1,355.88
	0.70	869.90	550.90	1,851.35	1,112.65	2,646.94	1,581.86
	0.75	830.55	590.25	1,771.87	1,192.13	2,533.95	1,694.85
	0.80	791.20	629.60	1,692.40	1,271.60	2,420.96	1,807.84
	0.90	712.50	708.30	1,533.45	1,430.55	2,194.98	2,033.82
	1.00	633.80	787.00	1,374.50	1,589.50	1,969.00	2,259.80
Total Premium			1,420.80		2,964.00		4,228.80
Kaiser \$15 HMO	0.50	663.70	393.50	1,379.65	794.75	1,952.90	1,129.90
	0.60	585.00	472.20	1,220.70	953.70	1,726.92	1,355.88
	0.70	506.30	550.90	1,061.75	1,112.65	1,500.94	1,581.86
	0.75	466.95	590.25	982.27	1,192.13	1,387.95	1,694.85
	0.80	427.60	629.60	902.80	1,271.60	1,274.96	1,807.84
	0.90	348.90	708.30	743.85	1,430.55	1,048.98	2,033.82
	1.00	270.20	787.00	584.90	1,589.50	823.00	2,259.80
Total Premium			1,057.20		2,174.40		3,082.80
Kaiser \$25 HMO Low Option	0.50	600.10	393.50	1,245.25	794.75	1,763.30	1,129.90
	0.60	521.40	472.20	1,086.30	953.70	1,537.32	1,355.88
	0.70	442.70	550.90	927.35	1,112.65	1,311.34	1,581.86
	0.75	403.35	590.25	847.87	1,192.13	1,198.35	1,694.85
	0.80	364.00	629.60	768.40	1,271.60	1,085.36	1,807.84
	0.90	285.30	708.30	609.45	1,430.55	859.38	2,033.82
	1.00	206.60	787.00	450.50	1,589.50	633.40	2,259.80
Total Premium			993.60		2,040.00		2,893.20

Certificated (CUEA) 07/01/2025 - 12/31/2025 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