

Certificated (CUEA)							
01/01/2025 - 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	670.30	366.50	1,378.45	740.75	1,934.30	1,048.90
	0.60	597.00	439.80	1,230.30	888.90	1,724.52	1,258.68
	0.70	523.70	513.10	1,082.15	1,037.05	1,514.74	1,468.46
	0.75	487.05	549.75	1,008.07	1,111.13	1,409.85	1,573.35
	0.80	450.40	586.40	934.00	1,185.20	1,304.96	1,678.24
	0.90	377.10	659.70	785.85	1,333.35	1,095.18	1,888.02
	1.00	303.80	733.00	637.70	1,481.50	885.40	2,097.80
<b>Total Premium</b>			<b>1,036.80</b>		<b>2,119.20</b>		<b>2,983.20</b>
UHC Harmony \$10 HMO	0.50	574.30	366.50	1,176.85	740.75	1,665.50	1,048.90
	0.60	501.00	439.80	1,028.70	888.90	1,455.72	1,258.68
	0.70	427.70	513.10	880.55	1,037.05	1,245.94	1,468.46
	0.75	391.05	549.75	806.47	1,111.13	1,141.05	1,573.35
	0.80	354.40	586.40	732.40	1,185.20	1,036.16	1,678.24
	0.90	281.10	659.70	584.25	1,333.35	826.38	1,888.02
	1.00	207.80	733.00	436.10	1,481.50	616.60	2,097.80
<b>Total Premium</b>			<b>940.80</b>		<b>1,917.60</b>		<b>2,714.40</b>
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
<b>Total Premium</b>			<b>614.40</b>		<b>1,251.60</b>		<b>1,776.00</b>
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
<b>Total Premium</b>			<b>626.40</b>		<b>1,286.40</b>		<b>1,834.80</b>
UMR Select Plus PPO	0.50	1,547.50	366.50	3,236.05	740.75	4,618.70	1,048.90
	0.60	1,474.20	439.80	3,087.90	888.90	4,408.92	1,258.68
	0.70	1,400.90	513.10	2,939.75	1,037.05	4,199.14	1,468.46
	0.75	1,364.25	549.75	2,865.67	1,111.13	4,094.25	1,573.35
	0.80	1,327.60	586.40	2,791.60	1,185.20	3,989.36	1,678.24
	0.90	1,254.30	659.70	2,643.45	1,333.35	3,779.58	1,888.02
	1.00	1,181.00	733.00	2,495.30	1,481.50	3,569.80	2,097.80
<b>Total Premium</b>			<b>1,914.00</b>		<b>3,976.80</b>		<b>5,667.60</b>
Cigna Select \$10 HMO	0.50	1,054.30	366.50	2,223.25	740.75	3,179.90	1,048.90
	0.60	981.00	439.80	2,075.10	888.90	2,970.12	1,258.68
	0.70	907.70	513.10	1,926.95	1,037.05	2,760.34	1,468.46
	0.75	871.05	549.75	1,852.87	1,111.13	2,655.45	1,573.35
	0.80	834.40	586.40	1,778.80	1,185.20	2,550.56	1,678.24
	0.90	761.10	659.70	1,630.65	1,333.35	2,340.78	1,888.02
	1.00	687.80	733.00	1,482.50	1,481.50	2,131.00	2,097.80
<b>Total Premium</b>			<b>1,420.80</b>		<b>2,964.00</b>		<b>4,228.80</b>
Kaiser \$15 HMO	0.50	690.70	366.50	1,433.65	740.75	2,033.90	1,048.90
	0.60	617.40	439.80	1,285.50	888.90	1,824.12	1,258.68
	0.70	544.10	513.10	1,137.35	1,037.05	1,614.34	1,468.46
	0.75	507.45	549.75	1,063.27	1,111.13	1,509.45	1,573.35
	0.80	470.80	586.40	989.20	1,185.20	1,404.56	1,678.24
	0.90	397.50	659.70	841.05	1,333.35	1,194.78	1,888.02
	1.00	324.20	733.00	692.90	1,481.50	985.00	2,097.80
<b>Total Premium</b>			<b>1,057.20</b>		<b>2,174.40</b>		<b>3,082.80</b>
Kaiser \$25 HMO Low Option	0.50	627.10	366.50	1,299.25	740.75	1,844.30	1,048.90
	0.60	553.80	439.80	1,151.10	888.90	1,634.52	1,258.68
	0.70	480.50	513.10	1,002.95	1,037.05	1,424.74	1,468.46
	0.75	443.85	549.75	928.87	1,111.13	1,319.85	1,573.35
	0.80	407.20	586.40	854.80	1,185.20	1,214.96	1,678.24
	0.90	333.90	659.70	706.65	1,333.35	1,005.18	1,888.02
	1.00	260.60	733.00	558.50	1,481.50	795.40	2,097.80
<b>Total Premium</b>			<b>993.60</b>		<b>2,040.00</b>		<b>2,893.20</b>

**Certificated (CUEA)  
01/01/2025 - 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
	<b>Total Premium</b>			<b>65.16</b>		<b>141.41</b>	
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
	<b>Total Premium</b>			<b>19.57</b>		<b>38.45</b>	
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
	<b>Total Premium</b>			<b>14.34</b>		<b>27.58</b>	