

Office/OTBS Active Employees and Retirees 2023 Monthly Rate Chart

All plans include vision coverage through VSP and

a \$50,000 life insurance policy through The Hartford Insurance

	With Delta Dental PPO			With United Concordia		
Medical Plan				Dental HMO		
	Employee only	Employee plus one dependent	Employee + 2 or more dependents	Employee only	Employee plus one dependent	Employee + 2 or more dependents
Kaiser \$10/\$10	No Cost To Employee	\$ 284.79	\$ 943.26	No Cost To Employee	\$ 229.17	\$ 846.07
UnitedHealthcare Package A Network 1	No Cost To Employee	\$ 422.79	\$ 1,128.26	No Cost To Employee	\$ 367.17	\$ 1,031.07
UnitedHealthcare Package A Network 2	No Cost To Employee	\$ 646.79	\$ 1,442.26	No Cost To Employee	\$ 591.17	\$ 1,345.07
UnitedHealthcare Network 3 \$20/\$30	No Cost To Employee	\$ 308.79	\$ 969.26	No Cost To Employee	\$ 253.17	\$ 872.07
UnitedHealthcare Alliance HMO \$20/\$30	No Cost To Employee	\$ 442.79	\$ 1,150.26	No Cost To Employee	\$ 387.17	\$ 1,053.07
UnitedHealthcare Harmony HMO \$10	No Cost To Employee	\$ 283.79	\$ 931.26	No Cost To Employee	\$ 228.17	\$ 834.07
UnitedHealthcare Alliance HMO \$1200 HRA	No Cost To Employee	\$ 415.79	\$ 1,103.26	No Cost To Employee	\$ 360.17	\$ 1,006.07
UnitedHealthcare PPO1	\$ 486.70	\$ 2,182.79	\$ 3,596.26	\$ 460.67	\$ 2,127.17	\$ 3,499.07
	All Tiers No Cost To Employee			All Tiers No Cost To Employee		
SIMNSA HMO	There are some eligibility requirements for this plan. Please review criteria before selecting this plan.			There are some eligibility requirements for this plan. Please review criteria before selecting this plan.		