

## **Office/OTBS**

## Retirees with 25 + years of service

2023 Monthly Rate Chart

All plans include vision coverage through VSP and a \$50,000 life insurance policy through The Hartford Insurance

Medical Plan	With Delta Dental PPO			With United Concordia		
	Employee only	Employee plus one	Employee + 2 or more	Employee only	Dental HN Employee plus one	Employee + 2 or more
		dependent	dependents		dependent	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
SIMNSA HMO	All Tiers No Cost To Employee There are some eligibility requirements for this plan. Please review criteria before selecting this plan.			All Tiers No Cost To Employee There are some eligibility requirements for this plan. Please review criteria before		
				selecting this plan.		