



Paraprofessional Unit Active Employees 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 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 \$0/\$5	No Cost To Employee	\$ 331.79	\$ 1,010.26	No Cost To Employee	\$ 276.17	\$ 913.07
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 Alliance HMO \$20/\$30	No Cost To Employee	\$ 442.79	\$ 1,150.26	No Cost To Employee	\$ 387.17	\$ 1,053.07
UnitedHealthcare Alliance HMO \$1200 HRA	No Cost To Employee	\$ 415.79	\$ 1,103.26	No Cost To Employee	\$ 360.17	\$ 1,006.07
UnitedHealthcare Harmony HMO \$10	No Cost To Employee	\$ 283.79	\$ 931.26	No Cost To Employee	\$ 228.17	\$ 834.07
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 <i>There are some eligibility requirements for this plan. Please review criteria before selecting this plan.</i>			All Tiers No Cost To Employee <i>There are some eligibility requirements for this plan. Please review criteria before selecting this plan.</i>		