



Retired Board Members 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 \$10/\$10	\$ 783.53	\$ 1,545.62	\$ 2,204.09	\$ 757.50	\$ 1,490.00	\$ 2,106.90
UnitedHealthcare Package A Network 1	\$ 851.53	\$ 1,683.62	\$ 2,389.09	\$ 825.50	\$ 1,628.00	\$ 2,291.90
UnitedHealthcare Package A Network 2	\$ 973.53	\$ 1,907.62	\$ 2,703.09	\$ 947.50	\$ 1,852.00	\$ 2,605.90
UnitedHealthcare Network 3 \$20/\$30	\$ 872.53	\$ 1,569.62	\$ 2,230.09	\$ 846.50	\$ 1,514.00	\$ 2,132.90
UnitedHealthcare Alliance HMO \$20/\$30	\$ 872.53	\$ 1,703.62	\$ 2,411.09	\$ 846.50	\$ 1,648.00	\$ 2,313.90
UnitedHealthcare Harmony HMO \$10	\$ 786.53	\$ 1,544.62	\$ 2,192.09	\$ 760.50	\$ 1,489.00	\$ 2,094.90
UnitedHealthcare Alliance HMO \$1200 HRA	\$ 887.53	\$ 1,676.62	\$ 2,364.09	\$ 861.50	\$ 1,621.00	\$ 2,266.90
UnitedHealthcare PPO1	\$ 1,747.53	\$ 3,443.62	\$ 4,857.09	\$ 1,721.50	\$ 3,388.00	\$ 4,759.90
SIMNSA HMO	\$ 325.53	\$ 580.62	\$ 871.09	\$ 299.50	\$ 525.00	\$ 773.90