



Confidential Retiree Employees 2024 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 | No Cost To Employee | \$ 450.80 | \$ 1,173.13 | No Cost To Employee | \$ 405.88 | \$ 1,093.78 |
| VEBA Direct HMO \$10 | No Cost To Employee | \$ 500.80 | \$ 1,235.13 | No Cost To Employee | \$ 455.88 | \$ 1,155.78 |
| UnitedHealthcare Network 3 \$20/\$30 | No Cost To Employee | \$ 410.80 | \$ 1,110.13 | No Cost To Employee | \$ 365.88 | \$ 1,030.78 |
| UnitedHealthcare Alliance \$10 | No Cost To Employee | \$ 677.80 | \$ 1,477.13 | No Cost To Employee | \$ 632.88 | \$ 1,397.78 |
| UnitedHealthcare Harmony \$10 | No Cost To Employee | \$ 384.80 | \$ 1,071.13 | No Cost To Employee | \$ 339.88 | \$ 991.78 |
| UnitedHealthcare UMR - PPO | \$ 584.22 | \$ 2,371.80 | \$ 3,856.13 | \$ 563.61 | \$ 2,326.88 | \$ 3,776.78 |
| 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> | | |