



## Office/OTBS

# Retirees with 25+ Years of Service 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 HMO \$20/\$30	No Cost To Employee	\$ 560.80	\$ 1,313.13	No Cost To Employee	\$ 515.88	\$ 1,233.78
UnitedHealthcare Harmony HMO \$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	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>		