



# NAGE

## Active 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	\$ 284.13	\$ 1,006.46	No Cost To Employee	\$ 239.21	\$ 927.11
VEBA Direct HMO \$20	No Cost To Employee	\$ 270.13	\$ 975.46	No Cost To Employee	\$ 225.21	\$ 896.11
UnitedHealthcare Alliance \$10	No Cost To Employee	\$ 511.13	\$ 1,310.46	No Cost To Employee	\$ 466.21	\$ 1,231.11
UnitedHealthcare Harmony \$10	No Cost To Employee	\$ 218.13	\$ 904.46	No Cost To Employee	\$ 173.21	\$ 825.11
UnitedHealthcare PPO No HRA	\$ 417.55	\$ 2,205.13	\$ 3,689.46	\$ 396.94	\$ 2,160.21	\$ 3,610.11
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>		