



Office/OTBS

Active Employees and Retirees 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 \$10	No Cost To Employee	\$ 334.13	\$ 1,068.46	No Cost To Employee	\$ 289.21	\$ 989.11
UnitedHealthcare Network 3 \$20/\$30	No Cost To Employee	\$ 244.13	\$ 943.46	No Cost To Employee	\$ 199.21	\$ 864.11
UnitedHealthcare Alliance HMO \$20/\$30	No Cost To Employee	\$ 394.13	\$ 1,146.46	No Cost To Employee	\$ 349.21	\$ 1,067.11
UnitedHealthcare Harmony HMO \$10	No Cost To Employee	\$ 218.13	\$ 904.46	No Cost To Employee	\$ 173.21	\$ 825.11
UnitedHealthcare PPO1	\$ 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>		