## **Sweetwater Union High School District**

Confidential Unit Active Employees 2025 Monthly Rate Chart

Vision Plan Through Vision Service Plan (VSP) - Current

Medical Plan	With Delta Dental PPO			With United Concordia Dental HMO			With UnitedHealthcare Dental PPO		
	Employee only	Employee plus one	Family	Employee only	Employee plus one	Employee + 2 or more	Employee only	Employee plus one	Family
		dependent			dependent	dependents		dependent	
Kaiser 10/10	0	\$ 393.13	\$ 1,160.46	0	\$ 350.01	\$ 1,083.95	0	\$ 439.95	\$ 1,205.72
VEBA Direct HMO \$10	0	\$ 424.13	\$ 1,194.46	0	\$ 381.01	\$ 1,117.95	0	\$ 470.95	\$ 1,239.72
UnitedHealthcare Alliance HMO 10	0	\$ 527.13	\$ 1,329.46	0	\$ 484.01	\$ 1,252.95	0	\$ 573.95	\$ 1,374.72
UnitedHealthcare Harmony HMO 10	0	\$ 310.13	\$ 1,031.46	0	\$ 267.01	\$ 954.95	0	\$ 356.95	\$ 1,076.72
UnitedHealthcare UMR - PPO1	\$ 513.55	\$ 2,391.13	\$ 3,949.46	\$ 493.92	\$ 2,348.01	\$ 3,872.95	\$ 540.46	\$ 2,437.95	\$ 3,994.72
SIMNSA HMO	All Tiers No Cost To Employee There are some eligibility requirements for this plan. Please review criteria before selecting this plan.								
Waive Medical	All Tiers No Cost To Employee With Any Dental Plan								

Vision Plan Through UnitedHealthcare Vision (NEW) With Delta Dental PPO With United Concordia Dental HMO With UnitedHealthcare Dental PPO **Employee Employee** Employee + Employee **Medical Plan Employee Employee** plus one Family 2 or more plus one Employee only plus one **Family** only only dependent dependent dependents dependent 1,090.12 Kaiser 10/10 394.40 \$ 1,166.63 0 351.28 \$ 0 441.22 \$ 1,211.89 \$ \$ VEBA Direct HMO \$ 1,200.63 \$ 425.40 382.28 \$ 1,124.12 472.22 \$ 1,245.89 0 0 \$ 0 \$10 UnitedHealthcare \$ 1,335.63 \$ 1,380.89 \$ 528.40 \$ 485.28 \$ 1,259.12 575.22 0 0 \$ 0 Alliance HMO 10 UnitedHealthcare \$ 1,037.63 \$ 268.28 \$ 961.12 358.22 \$ 1,082.89 0 0 311.40 0 Harmony HMO 10 UnitedHealthcare \$ 2,392.40 \$ 3,955.63 \$ \$ 2,349.28 \$ \$ 544.68 \$ 4,000.89 517.77 498.14 3,879.12 \$ 2,439.22 UMR - PPO1 SIMNSA HMO All Tiers No Cost To Employee There are some eligibility requirements for this plan. Please review criteria before selecting this plan. All Tiers No Cost To Employee With Any Dental Plan Waive Medical