Sweetwater Union High School District

Counselors (SCGA)
Active Employees
2025 Monthly Rate Chart

Vision Plan Through Vision Service Plan (VSP)

Medical Plan	With Delta Dental PPO			With United Concordia Dental HMO			With UHC Dental PPO		
	Employee only	Employee plus one dependent	Employee + 2 or more dependents	Employee only	Employee plus one dependent	Employee + 2 or more dependents	Employee only	Employee plus one dependent	Family
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 15	0	$ 293.13	$ 1,007.46	0	$ 250.01	$ 930.95	0	$ 339.95	$ 1,052.72
UnitedHealthcare Journey Plan - Alliance	0	$ 205.13	$ 886.46	0	$ 162.01	$ 809.95	0	$ 251.95	$ 931.72
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)

Medical Plan	With Delta Dental PPO			With United Concordia Dental HMO			With UHC Dental PPO		
	Employee only	Employee plus one dependent	Employee + 2 or more dependents	Employee only	Employee plus one dependent	Employee + 2 or more dependents	Employee only	Employee plus one dependent	Family
Kaiser 10/10		$ 394.40	$ 1,166.63	0	$ 351.28	$ 1,090.12	0	$ 441.22	$ 1,211.89
VEBA Direct HMO $10	0	$ 425.40	$ 1,200.63	0	$ 382.28	$ 1,124.12	0	$ 472.22	$ 1,245.89
UnitedHealthcare Alliance HMO $10	0	$ 528.40	$ 1,335.63	0	$ 485.28	$ 1,335.63	0	$ 575.22	$ 1,380.89
UnitedHealthcare Harmony HMO 15	0	$ 294.40	$ 1,013.63	0	$ 251.28	$ 937.12	0	$ 341.22	$ 1,058.89
UnitedHealthcare Journey Plan - Alliance	0	$ 206.40	$ 892.63	0	$ 163.28	$ 816.12	0	$ 253.22	$ 937.89
UnitedHealthcare UMR - PPO1	$ 517.77	$ 2,392.40	$ 3,955.63	$ 498.14	$ 2,349.28	$ 3,879.12	$ 544.68	$ 2,439.22	$ 4,000.89
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*								