

# Sweetwater Union High School District

Office Unit (OTBS)  
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	Family	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 20/30	0	\$ 409.13	\$ 1,164.46	0	\$ 366.01	\$ 1,087.95	0	\$ 455.95	\$ 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.								
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	Family	Employee only	Employee plus one dependent	Employee + 2 or more dependents	Employee only	Employee plus one dependent	Family
Kaiser 10/10	0	\$ 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 20/30	0	\$ 410.40	\$ 1,170.63	0	\$ 367.28	\$ 1,094.12	0	\$ 457.22	\$ 1,215.89
UnitedHealthcare Harmony HMO 10	0	\$ 311.40	\$ 1,037.63	0	\$ 268.28	\$ 961.12	0	\$ 358.22	\$ 1,082.89
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.								
Waive Medical	All Tiers No Cost To Employee With Any Dental Plan								