

SEA
Active Employees
2025 Monthly Rate Chart

Medical Plan	With Delta Dental PPO			With United Concordia Dental HMO			With UnitedHealthcare 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 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
Surest PPO \$500	\$ -	\$ 1,242.13	\$ 2,324.46	\$ -	\$ 1,199.01	\$ 2,247.95	\$ -	\$ 1,288.95	\$ 2,369.72
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								

Medical Plan	With Delta Dental PPO			With United Concordia Dental HMO			With UnitedHealthcare 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 10	0	\$ 528.40	\$ 1,335.63	0	\$ 485.28	\$ 1,259.12	0	\$ 575.22	\$ 1,380.89
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
Surest PPO \$500	\$ -	\$ 1,243.40	\$ 2,330.63	\$ -	\$ 1,200.28	\$ 2,254.12	\$ -	\$ 1,290.22	\$ 2,375.89
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								