



Operations & Paraprofessionals Retired Employees 25+ Years Of Service 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 \$0/\$5 | No Cost To Employee | \$ 347.13 | \$ 1,095.46 | No Cost To Employee | \$ 302.21 | \$ 1,016.11 |
| VEBA Direct HMO \$10 | No Cost To Employee | \$ 334.13 | \$ 1,068.46 | No Cost To Employee | \$ 289.21 | \$ 989.11 |
| 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 UMR - 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> | | |