PARA
Active Employees
2027 Monthly Rate Chart

Vision Plan Through Vision Service Plan (VSP) Enhanced

Medical Plan	With Delta Dental PPO (Enhanced)			With United Concordia Dental HMO			With UHC Dental PPO			With SIMNSA Dental HMO		
	Employee only	Employee plus one dependent	Family	Employee only	Employee plus one dependent	Family	Employee only	Employee plus one dependent	Family	Employee only	Employee plus one dependent	Family
Kaiser 0/5	0	$ 703.23	$ 1,629.26	0	$ 655.14	$ 1,544.39	0	$ 750.83	$ 1,674.32	0	$ 654.38	$ 1,543.69
VEBA Direct HMO $10	0	$ 694.23	$ 1,604.26	0	$ 646.14	$ 1,519.39	0	$ 741.83	$ 1,649.32	0	$ 645.38	$ 1,518.69
UnitedHealthcare Alliance HMO 20/30	0	$ 724.23	$ 1,636.26	0	$ 676.14	$ 1,551.39	0	$ 771.83	$ 1,681.32	0	$ 675.38	$ 1,550.69
UnitedHealthcare Harmony HMO 10	0	$ 625.23	$ 1,505.26	0	$ 577.14	$ 1,420.39	0	$ 672.83	$ 1,550.32	0	$ 576.38	$ 1,419.69
UnitedHealthcare UMR - PPO1	$ 836.34	$ 3,095.23	$ 4,969.26	$ 814.23	$ 3,047.14	$ 4,884.39	$ 863.79	$ 3,142.83	$ 5,014.32	$ 816.56	$ 3,046.38	$ 4,883.69
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

Medical Plan	With Delta Dental PPO (Enhanced)			With United Concordia Dental HMO			With UHC Dental PPO			With SIMNSA Dental HMO		
	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	Employee only	Employee plus one dependent	Family
Kaiser 0/5	0	$ 706.36	$ 1,637.37	0	$ 658.27	$ 1,552.50	0	$ 753.96	$ 1,682.43	0	$ 657.51	$ 1,551.80
VEBA Direct HMO $10	0	$ 697.36	$ 1,612.37	0	$ 649.27	$ 1,527.50	0	$ 744.96	$ 1,657.43	0	$ 648.51	$ 1,526.80
UnitedHealthcare Alliance HMO 20/30	0	$ 727.36	$ 1,644.37	0	$ 679.27	$ 1,559.50	0	$ 774.96	$ 1,689.43	0	$ 678.51	$ 1,558.80
UnitedHealthcare Harmony HMO 10	0	$ 628.36	$ 1,513.37	0	$ 580.27	$ 1,428.50	0	$ 675.96	$ 1,558.43	0	$ 579.51	$ 1,427.80
UnitedHealthcare UMR - PPO1	$ 841.09	$ 3,098.36	$ 4,977.37	$ 818.98	$ 3,050.27	$ 4,892.50	$ 868.54	$ 3,145.96	$ 5,022.43	$ 821.31	$ 3,049.51	$ 4,891.80
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*											