Sweetwater Union High School District

SEA
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 United Healthcare Dental PPO		
	Employee only	Employee plus one dependent	Family	Employee only	Employee plus one dependent	Family	Employee only	Employee plus one dependent	Family
Kaiser 10/10	0	$ 624.42	$ 1,517.79	0	$ 576.33	$ 1,432.92	0	$ 672.02	$ 1,562.85
VEBA Direct HMO $10	0	$ 696.42	$ 1,607.79	0	$ 648.33	$ 1,522.92	0	$ 744.02	$ 1,652.85
UnitedHealthcare Alliance HMO 10	0	$ 869.42	$ 1,841.79	0	$ 821.33	$ 1,756.92	0	$ 917.02	$ 1,886.85
UnitedHealthcare Harmony HMO 10	0	$ 627.42	$ 1,508.79	0	$ 579.33	$ 1,423.92	0	$ 675.02	$ 1,553.85
UnitedHealthcare UMR - PPO1	$ 837.44	$ 3,097.42	$ 4,972.79	$ 815.33	$ 3,049.33	$ 4,887.92	$ 864.89	$ 3,145.02	$ 5,017.85
SIMNSA HMO	All Tiers No Cost To Employee There are some eligibility requirements for this plan. Please review criteria before selecting this plan.								
Kaiser Bronze HMO	0	0	$ 384.79	0	0	$ 299.92	0	0	$ 429.85
Surest PPO	114.44	1643.42	2916.79	92.33	1595.33	2831.92	141.89	1691.02	2961.85
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 United Healthcare Dental PPO		
	Employee only	Employee plus one dependent	Family	Employee only	Employee plus one dependent	Family	Employee only	Employee plus one dependent	Family
Kaiser 10/10	0	$ 625.36	$ 1,522.37	0	$ 577.27	$ 1,437.50	0	$ 672.96	$ 1,567.43
VEBA Direct HMO $10	0	$ 697.36	$ 1,612.37	0	$ 649.27	$ 1,527.50	0	$ 744.96	$ 1,657.43
UnitedHealthcare Alliance HMO 10	0	$ 870.36	$ 1,846.37	0	$ 822.27	$ 1,761.50	0	$ 917.96	$ 1,891.43
UnitedHealthcare Harmony HMO 10	0	$ 628.36	$ 1,513.37	0	$ 580.27	$ 1,428.50	0	$ 675.96	$ 1,558.43
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
SIMNSA HMO	All Tiers No Cost To Employee There are some eligibility requirements for this plan. Please review criteria before selecting this plan.								
Kaiser Bronze HMO	0	0	$ 389.37	0	0	$ 304.50	0	0	$ 434.43
Surest PPO	118.09	1644.36	2921.37	95.98	1596.27	2836.5	145.54	1691.96	2966.43
Waive Medical	*All Tiers No Cost To Employee With Any Dental Plan*								