

|  | Employee Only (Individual) | Employee Plus One Dependent or Spouse (2-party) | Employee Plus 2 or More (Family) | Employee Only (Individual) | Employee Plus One Dependent or Spouse (2-party) | Employee Plus 2 or More (Family) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Cajon Valley Education Assn. CVEA |  |  |  |  |  |  |
| Kaiser 10/20 HMO | \$217.64 | \$428.73 | \$604.09 | \$217.64 | \$1,062.00 | \$1,763.45 |
| UHC Performance HMO (Network 1) | \$283.09 | \$565.09 | \$787.37 | \$283.09 | \$1,198.36 | \$1,946.73 |
| UHC Alliance HMO 20/30 | \$319.09 | \$608.73 | \$843.00 | \$319.09 | \$1,242.00 | \$2,002.36 |
| UHC PPO Nexus ACO Select 80/50 | \$1,322.73 | \$2,606.18 | \$3,645.55 | \$1,322.73 | \$3,239.45 | \$4,804.91 |
| UHC Journey Harmony | \$162.00 | \$270.55 | \$364.09 | \$162.00 | \$903.82 | \$1,523.45 |
| SIMNSA HMO (Mexico plan. Must meet plan requirements to enroll) | \$75.82 | \$132.82 | \$195.00 | \$75.82 | \$303.82 | \$552.55 |
| Delta Dental PPO | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$33.85 | \$60.95 |
| DeltaCare USA | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$12.25 | \$25.26 |
| Eyemed Vision | \$9.07 | \$17.13 | \$25.11 | \$9.07 | \$17.13 | \$25.11 |
| Calif. School Employees Assn. CSEA |  |  |  |  |  |  |
| Kaiser 10/10 HMO | \$222.82 | \$439.36 | \$619.09 | \$222.82 | \$1,089.00 | \$1,807.91 |
| UHC Performance HMO (Network 1) | \$234.00 | \$462.82 | \$649.91 | \$234.00 | \$1,149.27 | \$1,897.64 |
| UHC Performance HMO (Network 3) \$10 | \$357.00 | \$522.27 | \$727.09 | \$357.00 | \$1,171.91 | \$1,915.91 |
| UHC Alliance HMO 20/30 | \$303.55 | \$576.82 | \$798.00 | \$303.55 | \$1,226.46 | \$1,986.82 |
| UHC PPO Nexus ACO Select 80/50 | \$1,307.19 | \$2,574.27 | \$3,600.55 | \$1,307.19 | \$3,223.91 | \$4,789.37 |
| UHC Journey Harmony | \$146.46 | \$238.64 | \$319.09 | \$146.46 | \$888.28 | \$1,507.91 |
| UHC Journey Alliance | \$162.82 | \$293.18 | \$406.37 | \$162.82 | \$942.82 | \$1,595.19 |
| SIMNSA HMO (Mexico plan. Must meet plan requirements to enroll) | \$75.82 | \$132.82 | \$195.00 | \$75.82 | \$303.82 | \$552.55 |
| Delta Dental PPO | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$33.85 | \$60.95 |
| DeltaCare USA | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$12.25 | \$25.26 |
| Eyemed Vision | \$9.07 | \$17.13 | \$25.11 | \$9.07 | \$17.13 | \$25.11 |
| Cajon Valley Admin. Assn. CVAA |  |  |  |  |  |  |
| Kaiser 10/20 HMO | \$261.16 | \$514.47 | \$724.91 |  |  |  |
| UHC Performance HMO (Network 1) | \$326.61 | \$650.83 | \$908.19 |  |  |  |
| UHC Alliance HMO 20/30 | \$362.61 | \$694.47 | \$963.82 |  |  |  |
| UHC PPO Nexus ACO Select 80/50 | \$1,366.25 | \$2,691.92 | \$3,766.37 |  |  |  |
| UHC Journey Harmony | \$205.52 |  |  |  |  |  |

