



# 2024 Plan Rates

## (Per Pay Period)



PLANS	COVERAGE LEVEL		
<b>Medical</b>	<b>Employee Only</b>	<b>Employee + 1</b>	<b>Employee + 2 or more</b>
Kaiser Permanente HMO	\$373.72	\$747.44	\$1,057.63
Kaiser Permanente HDHP	\$291.72	\$583.44	\$825.57
UnitedHealthcare SignatureValue Performance HMO – Network 1 (Sharp and Rady)	\$388.55	\$776.81	\$1,099.02
UnitedHealthcare SignatureValue CS VEBA Alliance HMO (Scripps, UCSD and Rady)	\$372.79	\$745.27	\$1,054.40
UnitedHealthcare/UMR Select Plus PPO	\$693.32	\$1,386.65	\$1,962.15
UnitedHealthcare Harmony HDHP (Sharp and UCSD)	\$236.70	\$470.69	\$663.79
SIMNSA Mexico HMO	\$133.86	\$235.13	\$345.62
<b>Dental</b>	<b>Employee Only</b>	<b>Employee + 1</b>	<b>Employee + 2 or more</b>
Delta Dental PPO/Premier	\$23.88	\$47.74	\$68.16
DeltaCare DHMO	\$8.48	\$15.32	\$19.63
<b>Vision</b>	<b>Employee Only</b>	<b>Employee + 1</b>	<b>Employee + 2 or more</b>
VSP (Vision Service Plan)	\$4.76	\$11.01	\$14.92