

2025 Insurance Premium Splits
Premiums are paid on a tenthly basis, August through May

Kaiser	District Paid	Employee Paid
10/10 100 day	Amount	Pre-Tax
EE Only	\$ 959.27	\$ 86.73
2-Party	\$1,681.12	\$382.88
Family	\$2,269.90	\$638.10

United Healthcare	District Paid	Employee Paid
Performance HMO	Amount	Pre-Tax
EE Only	\$ 959.27	\$118.73
2-Party	\$1,681.12	\$455.88
Family	\$2,269.90	\$728.10

United Healthcare	District Paid	Employee Paid
Harmony HMO \$20	Amount	Pre-Tax
EE Only	\$ 959.27	\$ 0.00
2-Party	\$1,681.12	\$166.88
Family	\$2,269.90	\$318.10

United Healthcare	District Paid	Employee Paid
Harmony Journey HMO \$25	Amount	Pre-Tax
EE Only	\$ 959.27	\$ 0.00
2-Party	\$1,681.12	\$ 99.88
Family	\$2,269.90	\$220.10

United Healthcare	District Paid	Employee Paid
Alliance HMO \$20/\$30	Amount	Pre-Tax
EE Only	\$ 959.27	\$136.73
2-Party	\$1,681.12	\$345.88
Family	\$2,269.90	\$561.10

United Healthcare	District Paid	Employee Paid
Journey Alliance HMO	Amount	Pre-Tax
EE Only	\$ 959.27	\$ 0.00
2-Party	\$1,681.12	\$108.88
Family	\$2,269.90	\$238.10

United Healthcare	District Paid	Employee Paid
UMR NexusACO PPO	Amount	Pre-Tax
EE Only	\$ 959.27	\$1,283.73
2-Party	\$1,681.12	\$2,733.88
Family	\$2,269.90	\$3,921.10

United Healthcare	District Paid	Employee Paid
Surest PPO \$2,000	Amount	Pre-Tax
EE Only	\$ 959.27	\$ 305.73
2-Party	\$1,681.12	\$ 783.88
Family	\$2,269.90	\$1,173.10

NOT INCLUDED IN CAP	District Paid	Employee Paid
	Amount	Pre-Tax
Vision	\$ 20.00*	\$0.00
Dental	\$139.50*	\$0.00
Life	\$ 5.70*	\$0.00

*Rate is for Single, 2-Party, and/or Family Coverage

**Benefit incentive included in District cap