

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	\$1,024.27	\$ 21.73
2-Party	\$1,811.12	\$252.88
Family	\$2,453.90	\$454.10

United Healthcare	District Paid	Employee Paid
Performance HMO	Amount	Pre-Tax
EE Only	\$1,024.27	\$ 53.73
2-Party	\$1,811.12	\$325.88
Family	\$2,453.90	\$544.10

United Healthcare	District Paid	Employee Paid
Harmony HMO \$20	Amount	Pre-Tax
EE Only	\$ 941.00	\$ 0.00
2-Party	\$1,811.12	\$ 36.88
Family	\$2,453.90	\$134.10

United Healthcare	District Paid	Employee Paid
Harmony Journey HMO \$25	Amount	Pre-Tax
EE Only	\$ 926.00	\$ 0.00
2-Party	\$1,781.00	\$ 0.00
Family	\$2,453.90	\$ 36.10

United Healthcare	District Paid	Employee Paid
Alliance HMO \$20/\$30	Amount	Pre-Tax
EE Only	\$ 1,024.27	\$ 71.73
2-Party	\$1,811.12	\$215.88
Family	\$2,453.90	\$377.10

United Healthcare	District Paid	Employee Paid
Journey Alliance HMO	Amount	Pre-Tax
EE Only	\$ 925.00	\$ 0.00
2-Party	\$1,790.00	\$ 0.00
Family	\$2,453.90	\$ 54.10

United Healthcare	District Paid	Employee Paid
UMR NexusACO PPO	Amount	Pre-Tax
EE Only	\$1,024.27	\$1,218.73
2-Party	\$1,811.12	\$2,603.88
Family	\$2,453.90	\$3,737.10

United Healthcare	District Paid	Employee Paid
Surest PPO \$2,000	Amount	Pre-Tax
EE Only	\$1,024.27	\$ 240.73
2-Party	\$1,811.12	\$ 653.88
Family	\$2,453.90	\$ 989.10

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 (EE Only \$100, 2-PTY \$50)

***Maximum District contribution per MOU (board approved 11/21/24) - EE only: \$1,024.27; 2-Party: \$1,811.12; Family: \$2,453.90 (not to exceed tenthly plan rate)