

2022 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	\$674.27	\$144.73
2-Party	\$1,254.12	\$362.88
Family	\$1,739.90	\$539.10

United Healthcare	District Paid	Employee Paid
HMO Network 1	Amount	Pre Tax
EE Only	\$674.27	\$237.73
2-Party	\$1,254.12	\$561.88
Family	\$1,739.90	\$808.10

United Healthcare	District Paid	Employee Paid
HMO Network 2	Amount	Pre Tax
EE Only	\$674.27	\$563.73
2-Party	\$1,254.12	\$1,196.88
Family	\$1,739.90	\$1,701.10

United Healthcare	District Paid	Employee Paid
HMO Network 3	Amount	Pre Tax
EE Only	\$674.27	\$150.73
2-Party	\$1,254.12	\$251.88
Family	\$1,739.90	\$373.10

United Healthcare	District Paid	Employee Paid
Harmony \$20	Amount	Pre Tax
EE Only	\$674.27	\$120.73
2-Party	\$1,254.12	\$311.88
Family	\$1,739.90	\$455.10

United Healthcare	District Paid	Employee Paid
Harmony Journey \$25	Amount	Pre Tax
EE Only	\$674.27	\$120.73
2-Party	\$1,254.12	\$271.88
Family	\$1,739.90	\$393.10

United Healthcare	District Paid	Employee Paid
Alliance HRA 1200	Amount	Pre Tax
EE Only	\$674.27	\$283.73
2-Party	\$1,254.12	\$539.88
Family	\$1,739.90	\$756.10

United Healthcare	District Paid	Employee Paid
Alliance HMO \$20/\$30	Amount	Pre Tax
EE Only	\$674.27	\$247.73
2-Party	\$1,254.12	\$538.88
Family	\$1,739.90	\$764.10

United Healthcare	District Paid	Employee Paid
SD PPO	Amount	Pre Tax
EE Only	\$674.27	\$1,276.73
2-Party	\$1,254.12	\$2,584.88
Family	\$1,739.90	\$3,642.10

NOT INCLUDED IN CAP	District Paid	Employee Paid
	Amount	Pre Tax
Vision	\$15.00*	\$0.00
Dental	\$160.00*	\$0.00
Life	\$5.70*	\$0.00

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