

2023 Insurance Premium Splits
Premiums are paid on a tenths basis, August through May

Kaiser	District Paid	Employee Paid
10/10 100 day	Amount	Pre Tax
EE Only	\$697.27	\$174.73
2-Party	\$1,314.12	\$409.88
Family	\$1,823.90	\$607.10

United Healthcare	District Paid	Employee Paid
HMO Network 1	Amount	Pre Tax
EE Only	\$697.27	\$238.73
2-Party	\$1,314.12	\$548.88
Family	\$1,823.90	\$791.10

United Healthcare	District Paid	Employee Paid
HMO Network 3	Amount	Pre Tax
EE Only	\$697.27	\$317.73
2-Party	\$1,314.12	\$540.88
Family	\$1,823.90	\$781.10

United Healthcare	District Paid	Employee Paid
Harmony \$20	Amount	Pre Tax
EE Only	\$697.27	\$123.73
2-Party	\$1,314.12	\$303.88
Family	\$1,823.90	\$445.10

United Healthcare	District Paid	Employee Paid
Harmony Journey \$25	Amount	Pre Tax
EE Only	\$697.27	\$120.73
2-Party	\$1,314.12	\$258.88
Family	\$1,823.90	\$376.10

United Healthcare	District Paid	Employee Paid
Alliance HRA 1200	Amount	Pre Tax
EE Only	\$697.27	\$289.73
2-Party	\$1,314.12	\$540.88
Family	\$1,823.90	\$760.10

United Healthcare	District Paid	Employee Paid
Alliance HMO \$20/\$30	Amount	Pre Tax
EE Only	\$697.27	\$257.73
2-Party	\$1,314.12	\$547.88
Family	\$1,823.90	\$779.10

United Healthcare	District Paid	Employee Paid
SD PPO	Amount	Pre Tax
EE Only	\$697.27	\$1,311.73
2-Party	\$1,314.12	\$2,645.88
Family	\$1,823.90	\$3,731.10

NOT INCLUDED IN CAP	District Paid	Employee Paid
	Amount	Pre Tax
Vision	\$20.00*	\$0.00
Dental	\$155.00*	\$0.00
Life	\$5.70*	\$0.00

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