

2023 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	\$750.27	\$121.73
2-Party	\$1,421.12	\$302.88
Family	\$1,975.90	\$454.10

United Healthcare	District Paid	Employee Paid
HMO Network 1	Amount	Pre Tax
EE Only	\$750.27	\$185.73
2-Party	\$1,421.12	\$441.88
Family	\$1,975.90	\$639.10

United Healthcare	District Paid	Employee Paid
HMO Network 3	Amount	Pre Tax
EE Only	\$750.27	\$264.73
2-Party	\$1,421.12	\$433.88
Family	\$1,975.90	\$629.10

United Healthcare	District Paid	Employee Paid
Harmony \$20	Amount	Pre Tax
EE Only	\$750.27	\$70.73
2-Party	\$1,421.12	\$196.88
Family	\$1,975.90	\$293.10

United Healthcare	District Paid	Employee Paid
Harmony Journey \$25	Amount	Pre Tax
EE Only	\$750.27	\$67.73
2-Party	\$1,421.12	\$151.88
Family	\$1,975.90	\$224.10

United Healthcare	District Paid	Employee Paid
Alliance HRA 1200	Amount	Pre Tax
EE Only	\$750.27	\$236.73
2-Party	\$1,421.12	\$433.88
Family	\$1,975.90	\$608.10

United Healthcare	District Paid	Employee Paid
Alliance HMO \$20/\$30	Amount	Pre Tax
EE Only	\$750.27	\$204.73
2-Party	\$1,421.12	\$440.88
Family	\$1,975.90	\$627.10

United Healthcare	District Paid	Employee Paid
SD PPO	Amount	Pre Tax
EE Only	\$750.27	\$1,258.73
2-Party	\$1,421.12	\$2,538.88
Family	\$1,975.90	\$3,579.10

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