

2024 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 | \$230.73 |
| 2-Party | \$1,421.12 | \$512.88 |
| Family | \$1,975.90 | \$748.10 |

| United Healthcare | District Paid | Employee Paid |
|--------------------------|----------------------|----------------------|
| HMO Network 1 | Amount | Pre Tax |
| EE Only | \$750.27 | \$257.73 |
| 2-Party | \$1,421.12 | \$583.88 |
| Family | \$1,975.90 | \$839.10 |

| United Healthcare | District Paid | Employee Paid |
|--------------------------|----------------------|----------------------|
| HMO Network 3 | Amount | Pre Tax |
| EE Only | \$750.27 | \$342.73 |
| 2-Party | \$1,421.12 | \$576.88 |
| Family | \$1,975.90 | \$830.10 |

| United Healthcare | District Paid | Employee Paid |
|--------------------------|----------------------|----------------------|
| Harmony HMO \$20 | Amount | Pre Tax |
| EE Only | \$750.27 | \$133.73 |
| 2-Party | \$1,421.12 | \$322.88 |
| Family | \$1,975.90 | \$468.10 |

| United Healthcare | District Paid | Employee Paid |
|---------------------------------|----------------------|----------------------|
| Harmony Journey HMO \$25 | Amount | Pre Tax |
| EE Only | \$750.27 | \$131.73 |
| 2-Party | \$1,421.12 | \$274.88 |
| Family | \$1,975.90 | \$395.10 |

| United Healthcare | District Paid | Employee Paid |
|-------------------------------|----------------------|----------------------|
| Alliance HMO \$20/\$30 | Amount | Pre Tax |
| EE Only | \$750.27 | \$281.73 |
| 2-Party | \$1,421.12 | \$589.88 |
| Family | \$1,975.90 | \$834.10 |

| United Healthcare | District Paid | Employee Paid |
|-----------------------------|----------------------|----------------------|
| Journey Alliance HMO | Amount | Pre Tax |
| EE Only | \$750.27 | \$132.73 |
| 2-Party | \$1,421.12 | \$289.88 |
| Family | \$1,975.90 | \$423.10 |

| United Healthcare | District Paid | Employee Paid |
|--------------------------|----------------------|----------------------|
| SD PPO | Amount | Pre Tax |
| EE Only | \$750.27 | \$1,378.73 |
| 2-Party | \$1,421.12 | \$2,772.88 |
| Family | \$1,975.90 | \$3,906.10 |

| 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