

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 | \$ 959.27 | \$ 21.73 |
| 2-Party | \$1,681.12 | \$252.88 |
| Family | \$2,269.90 | \$454.10 |

| United Healthcare | District Paid | Employee Paid |
|--------------------------|----------------------|----------------------|
| HMO Network 1 | Amount | Pre Tax |
| EE Only | \$ 959.27 | \$ 48.73 |
| 2-Party | \$1,681.12 | \$323.88 |
| Family | \$2,269.90 | \$545.10 |

| United Healthcare | District Paid | Employee Paid |
|--------------------------|----------------------|----------------------|
| HMO Network 3 | Amount | Pre Tax |
| EE Only | \$ 959.27 | \$133.73 |
| 2-Party | \$1,681.12 | \$316.88 |
| Family | \$2,269.90 | \$536.10 |

| United Healthcare | District Paid | Employee Paid |
|--------------------------|----------------------|----------------------|
| Harmony HMO \$20 | Amount | Pre Tax |
| EE Only | \$ 959.27 | \$ 0.00 |
| 2-Party | \$1,681.12 | \$ 62.88 |
| Family | \$2,269.90 | \$174.10 |

| United Healthcare | District Paid | Employee Paid |
|---------------------------------|----------------------|----------------------|
| Harmony Journey HMO \$25 | Amount | Pre Tax |
| EE Only | \$ 959.27 | \$ 0.00 |
| 2-Party | \$1,681.12 | \$ 14.88 |
| Family | \$2,269.90 | \$101.10 |

| United Healthcare | District Paid | Employee Paid |
|-------------------------------|----------------------|----------------------|
| Alliance HMO \$20/\$30 | Amount | Pre Tax |
| EE Only | \$ 959.27 | \$ 72.73 |
| 2-Party | \$1,681.12 | \$329.88 |
| Family | \$2,269.90 | \$540.10 |

| United Healthcare | District Paid | Employee Paid |
|-----------------------------|----------------------|----------------------|
| Journey Alliance HMO | Amount | Pre Tax |
| EE Only | \$ 959.27 | \$ 0.00 |
| 2-Party | \$1,681.12 | \$ 29.88 |
| Family | \$2,269.90 | \$129.10 |

| United Healthcare | District Paid | Employee Paid |
|--------------------------|----------------------|----------------------|
| SD PPO | Amount | Pre Tax |
| EE Only | \$ 959.27 | \$1,169.73 |
| 2-Party | \$1,681.12 | \$2,512.88 |
| Family | \$2,269.90 | \$3,612.10 |

| 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

**Benefit incentive included in District cap