

**2026 Insurance Premium Splits**  
**Premiums are paid on a tenthly basis, August through May**

**FOR CERTIFICATED STAFF ONLY**

Kaiser	District Paid	Employee Paid
<b>CHANGE \$20/\$15/30-day</b>	<b>Amount</b>	<b>Pre-Tax</b>
EE Only	\$ 959.27	\$ 140.73
2-Party	\$1,681.12	\$ 492.88
Family	\$2,269.90	\$ 793.10

United Healthcare	District Paid	Employee Paid
<b>CHANGE Performance HMO \$20</b>	<b>Amount</b>	<b>Pre-Tax</b>
EE Only	\$ 959.27	\$ 191.73
2-Party	\$1,681.12	\$ 600.88
Family	\$2,269.90	\$ 933.10

United Healthcare	District Paid	Employee Paid
<b>Harmony HMO \$20</b>	<b>Amount</b>	<b>Pre-Tax</b>
EE Only	\$ 959.27	\$ 74.73
2-Party	\$1,681.12	\$ 351.88
Family	\$2,269.90	\$ 576.10

United Healthcare	District Paid	Employee Paid
<b>Harmony Journey HMO \$25</b>	<b>Amount</b>	<b>Pre-Tax</b>
EE Only	\$ 959.27	\$ 41.73
2-Party	\$1,681.12	\$ 238.88
Family	\$2,269.90	\$ 414.10

United Healthcare	District Paid	Employee Paid
<b>Alliance HMO \$20/\$30</b>	<b>Amount</b>	<b>Pre-Tax</b>
EE Only	\$ 959.27	\$ 226.73
2-Party	\$1,681.12	\$ 516.88
Family	\$2,269.90	\$ 800.10

United Healthcare	District Paid	Employee Paid
<b>Journey Alliance HMO</b>	<b>Amount</b>	<b>Pre-Tax</b>
EE Only	\$ 959.27	\$ 38.73
2-Party	\$1,681.12	\$ 251.88
Family	\$2,269.90	\$ 436.10

United Healthcare	District Paid	Employee Paid
<b>UMR NexusACO PPO</b>	<b>Amount</b>	<b>Pre-Tax</b>
EE Only	\$ 959.27	\$1,595.73
2-Party	\$1,681.12	\$3,346.88
Family	\$2,269.90	\$4,781.10

United Healthcare	District Paid	Employee Paid
<b>Surest PPO \$2,000</b>	<b>Amount</b>	<b>Pre-Tax</b>
EE Only	\$ 959.27	\$ 462.73
2-Party	\$1,681.12	\$1,089.88
Family	\$2,269.90	\$1,600.10

NOT INCLUDED IN CAP	District Paid	Employee Paid
	<b>Amount</b>	<b>Pre-Tax</b>
Vision	\$ 20.00*	\$0.00
Dental	\$139.50*	\$0.00
Life	\$ 5.70*	\$0.00

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

Rev 10/01/25

\*\*Benefit incentive included in District cap (EE Only \$100, 2-PTY \$50)

\*\*\*District paid cap reflects prior cap before MOU (Board Approved 11/21/24)