

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

FOR CLASSIFIED STAFF ONLY

Kaiser	District Paid	Employee Paid
\$10/\$10 100-day	Amount	Pre-Tax
EE Only	\$ 959.27	\$ 209.73
2-Party	\$1,681.12	\$ 625.88
Family	\$2,269.90	\$ 982.10

United Healthcare	District Paid	Employee Paid
Performance HMO \$10	Amount	Pre-Tax
EE Only	\$ 959.27	\$ 238.73
2-Party	\$1,681.12	\$ 694.88
Family	\$2,269.90	\$1,060.10

United Healthcare	District Paid	Employee Paid
Harmony HMO \$20	Amount	Pre-Tax
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
Harmony Journey HMO \$25	Amount	Pre-Tax
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
Alliance HMO \$20/\$30	Amount	Pre-Tax
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
Journey Alliance HMO	Amount	Pre-Tax
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
UMR NexusACO PPO	Amount	Pre-Tax
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
Surest PPO \$2,000	Amount	Pre-Tax
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
	Amount	Pre-Tax
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)