

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

Kaiser	District Paid	Employee Paid
Change \$20/\$15/30-day	Amount	Pre-Tax
EE Only	\$1,092.00	\$ 8.00
2-Party	\$1,946.00	\$ 228.00
Family	\$2,653.00	\$ 410.00

United Healthcare	District Paid	Employee Paid
Change Performance HMO \$20	Amount	Pre-Tax
EE Only	\$1,092.00	\$ 59.00
2-Party	\$1,946.00	\$ 336.00
Family	\$2,653.00	\$ 550.00

United Healthcare	District Paid	Employee Paid
Harmony HMO \$20	Amount	Pre-Tax
EE Only	\$1,034.00	\$ 0.00
2-Party	\$1,946.00	\$ 87.00
Family	\$2,653.00	\$ 193.00

United Healthcare	District Paid	Employee Paid
Harmony Journey HMO \$25	Amount	Pre-Tax
EE Only	\$1,001.00	\$ 0.00
2-Party	\$1,920.00	\$ 0.00
Family	\$2,653.00	\$ 31.00

United Healthcare	District Paid	Employee Paid
Alliance HMO \$20/\$30	Amount	Pre-Tax
EE Only	\$1,092.00	\$ 94.00
2-Party	\$1,946.00	\$ 252.00
Family	\$2,653.00	\$ 417.00

United Healthcare	District Paid	Employee Paid
Journey Alliance HMO	Amount	Pre-Tax
EE Only	\$ 998.00	\$ 0.00
2-Party	\$1,933.00	\$ 0.00
Family	\$2,653.00	\$ 53.00

United Healthcare	District Paid	Employee Paid
UMR NexusACO PPO	Amount	Pre-Tax
EE Only	\$1,092.00	\$1,463.00
2-Party	\$1,946.00	\$3,082.00
Family	\$2,653.00	\$4,398.00

United Healthcare	District Paid	Employee Paid
Surest PPO \$2,000	Amount	Pre-Tax
EE Only	\$1,092.00	\$ 330.00
2-Party	\$1,946.00	\$ 825.00
Family	\$2,653.00	\$1,217.00

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 12/12/25

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

***Maximum District contribution – EE only: \$1,092; 2-Party: \$1,946; Family: \$2,653 (not to exceed tenthly plan rate)