

2027 Insurance Premium Splits
Premiums are paid on a tenthly basis, August through May

Kaiser	District Paid	Employee Paid
\$20/\$15/30-day	Amount	Pre-Tax
EE Only	\$1,092.00	\$ 61.00
2-Party	\$1,946.00	\$ 331.00
Family	\$2,653.00	\$ 558.00

Kaiser	District Paid	Employee Paid
NEW Journey \$2000	Amount	Pre-Tax
EE Only	\$1,092.00	\$ 29.00
2-Party	\$1,946.00	\$ 267.00
Family	\$2,653.00	\$ 469.00

United Healthcare	District Paid	Employee Paid
Performance HMO \$20	Amount	Pre-Tax
EE Only	\$1,092.00	\$ 205.00
2-Party	\$1,946.00	\$ 626.00
Family	\$2,653.00	\$ 957.00

United Healthcare	District Paid	Employee Paid
Harmony HMO \$20	Amount	Pre-Tax
EE Only	\$1,034.00	\$ 128.00
2-Party	\$1,946.00	\$ 338.00
Family	\$2,653.00	\$ 544.00

United Healthcare	District Paid	Employee Paid
Harmony Journey HMO \$25	Amount	Pre-Tax
EE Only	\$1,001.00	\$ 108.00
2-Party	\$1,920.00	\$ 208.00
Family	\$2,653.00	\$ 322.00

United Healthcare	District Paid	Employee Paid
Alliance HMO \$20/\$30	Amount	Pre-Tax
EE Only	\$1,092.00	\$ 238.00
2-Party	\$1,946.00	\$ 521.00
Family	\$2,653.00	\$ 792.00

United Healthcare	District Paid	Employee Paid
Journey Alliance HMO	Amount	Pre-Tax
EE Only	\$ 998.00	\$ 108.00
2-Party	\$1,933.00	\$ 209.00
Family	\$2,653.00	\$ 346.00

United Healthcare	District Paid	Employee Paid
UMR NexusACO PPO	Amount	Pre-Tax
EE Only	\$1,092.00	\$1,646.00
2-Party	\$1,946.00	\$3,443.00
Family	\$2,653.00	\$4,905.00

United Healthcare	District Paid	Employee Paid
Surest PPO \$2,000	Amount	Pre-Tax
EE Only	\$1,092.00	\$ 408.00
2-Party	\$1,946.00	\$ 977.00
Family	\$2,653.00	\$1,429.00

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 9/25/26

**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)