

Cupertino Union School District  
**DISTRICT/EMPLOYEE MONTHLY CONTRIBUTION CHART**  
**FOR EMPLOYEES WORKING LESS THAN 6 HRS/DAY**  
**January 1 - December 31, 2024**

PLAN TYPE	11 PAY PERIODS									
	5.5 HRS/DAY EE TOTAL MONTHLY	5 HRS/DAY EE TOTAL MONTHLY	4.5 HRS/DAY EE TOTAL MONTHLY	4 HRS/DAY EE TOTAL MONTHLY	3.5 HRS/DAY EE TOTAL MONTHLY	3 HRS/DAY EE TOTAL MONTHLY	2.5 HRS/DAY EE TOTAL MONTHLY	2 HRS/DAY EE TOTAL MONTHLY	1.5 HRS/DAY EE TOTAL MONTHLY	1 HR/DAY EE TOTAL MONTHLY
<b>KAISER HMO</b>										
Employee Only	\$316.41	\$380.25	\$443.33	\$506.41	\$570.25	\$633.33	\$696.41	\$759.49	\$823.33	\$886.40
2-Party (Employee + 1 dependent)	\$632.81	\$760.49	\$886.65	\$1,012.81	\$1,140.48	\$1,266.64	\$1,392.80	\$1,518.96	\$1,646.63	\$1,772.79
Family (Employee + 2 or more dependents)	\$895.43	\$1,076.09	\$1,254.60	\$1,433.11	\$1,613.78	\$1,792.29	\$1,970.80	\$2,149.31	\$2,329.98	\$2,508.49
<b>KAISER DEDUCTIBLE HMO</b>										
Employee Only	\$277.29	\$333.24	\$388.52	\$443.80	\$499.75	\$555.03	\$610.31	\$665.59	\$721.54	\$776.82
2-Party (Employee + 1 dependent)	\$554.58	\$666.47	\$777.03	\$887.59	\$999.49	\$1,110.05	\$1,220.61	\$1,331.17	\$1,443.06	\$1,553.62
Family (Employee + 2 or more dependents)	\$784.73	\$943.06	\$1,099.50	\$1,255.94	\$1,414.27	\$1,570.71	\$1,727.16	\$1,883.60	\$2,041.93	\$2,198.37
<b>KAISER HEALTH SAVINGS ACCOUNT 1800</b>										
Employee Only	\$260.16	\$312.65	\$364.51	\$416.38	\$468.87	\$520.73	\$572.60	\$624.46	\$676.95	\$728.82
2-Party (Employee + 1 dependent)	\$520.31	\$625.29	\$729.02	\$832.75	\$937.73	\$1,041.46	\$1,145.19	\$1,248.92	\$1,353.90	\$1,457.63
Family (Employee + 2 or more dependents)	\$736.25	\$884.79	\$1,031.57	\$1,178.35	\$1,326.90	\$1,473.68	\$1,620.45	\$1,767.23	\$1,915.78	\$2,062.56
<b>KAISER HEALTH SAVINGS ACCOUNT 2500</b>										
Employee Only	\$219.78	\$264.12	\$307.94	\$351.75	\$396.09	\$439.91	\$483.72	\$527.54	\$571.88	\$615.70
2-Party (Employee + 1 dependent)	\$439.56	\$528.24	\$615.87	\$703.50	\$792.19	\$879.82	\$967.45	\$1,055.08	\$1,143.76	\$1,231.39
Family (Employee + 2 or more dependents)	\$621.97	\$747.47	\$871.46	\$995.46	\$1,120.95	\$1,244.95	\$1,368.94	\$1,492.94	\$1,618.43	\$1,742.43
<b>SUTTER HEALTH PLUS SUMMIT ML81 HMO</b>										
Employee Only	\$282.05	\$338.95	\$395.18	\$451.41	\$508.32	\$564.55	\$620.77	\$677.00	\$733.91	\$790.14
2-Party (Employee + 1 dependent)	\$564.09	\$677.91	\$790.36	\$902.82	\$1,016.63	\$1,129.09	\$1,241.55	\$1,354.01	\$1,467.82	\$1,580.28
Family (Employee + 2 or more dependents)	\$798.18	\$959.23	\$1,118.35	\$1,277.47	\$1,438.52	\$1,597.64	\$1,756.76	\$1,915.89	\$2,076.93	\$2,236.05
<b>SUTTER HEALTH PLUS PEAK ML85 DEDUCTIBLE HMO</b>										
Employee Only	\$255.68	\$307.27	\$358.24	\$409.21	\$460.80	\$511.77	\$562.75	\$613.72	\$665.30	\$716.28
2-Party (Employee + 1 dependent)	\$511.36	\$614.54	\$716.48	\$818.43	\$921.60	\$1,023.55	\$1,125.49	\$1,227.44	\$1,330.61	\$1,432.55
Family (Employee + 2 or more dependents)	\$723.55	\$869.53	\$1,013.77	\$1,158.02	\$1,304.00	\$1,448.25	\$1,592.49	\$1,736.74	\$1,882.72	\$2,026.97

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<b>UNITEDHEALTHCARE (UHC) \$15 HMO HARMONY</b>										
Employee Only	\$375.75	\$451.56	\$526.47	\$601.37	\$677.18	\$752.09	\$827.00	\$901.91	\$977.72	\$1,052.63
2-Party (Employee + 1 dependent)	\$786.89	\$945.65	\$1,102.53	\$1,259.40	\$1,418.17	\$1,575.04	\$1,731.92	\$1,888.79	\$2,047.55	\$2,204.43
Family (Employee + 2 or more dependents)	\$1,123.23	\$1,349.85	\$1,573.78	\$1,797.71	\$2,024.34	\$2,248.26	\$2,472.19	\$2,696.12	\$2,922.74	\$3,146.67
<b>UNITEDHEALTHCARE (UHC) \$20 HMO HARMONY</b>										
Employee Only	\$351.90	\$422.90	\$493.06	\$563.21	\$634.21	\$704.37	\$774.52	\$844.68	\$915.68	\$985.83
2-Party (Employee + 1 dependent)	\$736.96	\$885.65	\$1,032.57	\$1,179.48	\$1,328.17	\$1,475.09	\$1,622.01	\$1,768.93	\$1,917.62	\$2,064.54
Family (Employee + 2 or more dependents)	\$1,051.96	\$1,264.20	\$1,473.92	\$1,683.64	\$1,895.88	\$2,105.60	\$2,315.32	\$2,525.03	\$2,737.28	\$2,946.99
<b>UHC PPO (no new enrollments; for grandfathered members)</b>										
Employee Only	\$458.50	\$551.00	\$642.41	\$733.81	\$826.32	\$917.73	\$1,009.13	\$1,100.54	\$1,193.05	\$1,284.45
2-Party (Employee + 1 dependent)	\$960.19	\$1,153.92	\$1,345.34	\$1,536.76	\$1,730.49	\$1,921.92	\$2,113.34	\$2,304.76	\$2,498.49	\$2,689.91
Family (Employee + 2 or more dependents)	\$1,370.60	\$1,647.13	\$1,920.38	\$2,193.62	\$2,470.16	\$2,743.40	\$3,016.64	\$3,289.89	\$3,566.42	\$3,839.66
<b>DELTA PPO PREMIER DENTAL</b>										
Employee Only	\$25.93	\$31.16	\$36.33	\$41.50	\$46.74	\$51.91	\$57.08	\$62.25	\$67.48	\$72.65
2-Party (Employee + 1 dependent)	\$50.58	\$60.78	\$70.87	\$80.95	\$91.16	\$101.24	\$111.32	\$121.41	\$131.61	\$141.70
Family (Employee + 2 or more dependents)	\$79.49	\$95.53	\$111.38	\$127.23	\$143.27	\$159.12	\$174.96	\$190.81	\$206.85	\$222.70
<b>DELTA DENTAL LOW COST PLAN</b>										
Employee Only	\$13.80	\$16.59	\$19.34	\$22.09	\$24.88	\$27.63	\$30.38	\$33.13	\$35.92	\$38.67
2-Party (Employee + 1 dependent)	\$26.90	\$32.33	\$37.70	\$43.06	\$48.49	\$53.86	\$59.22	\$64.59	\$70.02	\$75.38
Family (Employee + 2 or more dependents)	\$42.12	\$50.62	\$59.01	\$67.41	\$75.91	\$84.31	\$92.71	\$101.10	\$109.60	\$118.00
<b>DELTACARE HMO (one rate)</b>										
Employee Only	\$18.56	\$22.31	\$26.01	\$29.71	\$33.45	\$37.15	\$40.85	\$44.55	\$48.30	\$52.00

