

Cupertino Union School District

DISTRICT/EMPLOYEE MONTHLY CONTRIBUTION CHART FOR EMPLOYEES WORKING 6-8 HRS/DAY
January 1 - December 31, 2024

PLAN TYPE	12 PAY PERIODS				11 PAY PERIODS			
	MONTHLY PREMIUM	MO PREMIUM MINUS EE ONLY RATE	*CUSD'S CONTRIBUTION FOR EMPLOYEE WORKING 6-8 HRS/DAY	EMPLOYEE'S CONTRIBUTION WORKING 6-8 HRS/DAY	MONTHLY PREMIUM	MO PREMIUM MINUS EE ONLY RATE	*CUSD'S CONTRIBUTION FOR EMPLOYEE WORKING 6-8 HRS/DAY	EMPLOYEE'S CONTRIBUTION WORKING 6-8 HRS/DAY
KAISER HMO								
Employee Only	\$928.88	\$0.00	\$928.88	\$0.00	\$1,013.32	\$0.00	\$1,013.32	\$0.00
2-Party (Employee + 1 dependent)	\$1,857.74	\$928.86	\$696.64	\$232.22	\$2,026.63	\$1,013.31	\$759.98	\$253.33
Family (Employee + 2 or more dependents)	\$2,628.69	\$1,699.81	\$1,274.86	\$424.95	\$2,867.66	\$1,854.34	\$1,390.76	\$463.58
KAISER DEDUCTIBLE HMO								
Employee Only	\$814.04	\$0.00	\$814.04	\$0.00	\$888.04	\$0.00	\$888.04	\$0.00
2-Party (Employee + 1 dependent)	\$1,628.07	\$814.03	\$610.52	\$203.51	\$1,776.08	\$888.03	\$666.02	\$222.01
Family (Employee + 2 or more dependents)	\$2,303.71	\$1,489.67	\$1,117.25	\$372.42	\$2,513.14	\$1,625.09	\$1,218.82	\$406.27
KAISER HEALTH SAVINGS ACCOUNT 1800								
Employee Only	\$763.74	\$0.00	\$763.74	\$0.00	\$833.17	\$0.00	\$833.17	\$0.00
2-Party (Employee + 1 dependent)	\$1,527.48	\$763.74	\$572.81	\$190.93	\$1,666.34	\$833.17	\$624.88	\$208.29
Family (Employee + 2 or more dependents)	\$2,161.39	\$1,397.65	\$1,048.24	\$349.41	\$2,357.88	\$1,524.71	\$1,143.53	\$381.18
KAISER HEALTH SAVINGS ACCOUNT 2500								
Employee Only	\$645.20	\$0.00	\$645.20	\$0.00	\$703.85	\$0.00	\$703.85	\$0.00
2-Party (Employee + 1 dependent)	\$1,290.40	\$645.20	\$483.90	\$161.30	\$1,407.71	\$703.85	\$527.89	\$175.96
Family (Employee + 2 or more dependents)	\$1,825.92	\$1,180.72	\$885.54	\$295.18	\$1,991.91	\$1,288.06	\$966.05	\$322.01
SUTTER HEALTH PLUS SUMMIT ML81 HMO								
Employee Only	\$828.00	\$0.00	\$828.00	\$0.00	\$903.27	\$0.00	\$903.27	\$0.00
2-Party (Employee + 1 dependent)	\$1,656.00	\$828.00	\$621.00	\$207.00	\$1,806.54	\$903.27	\$677.45	\$225.82
Family (Employee + 2 or more dependents)	\$2,343.20	\$1,515.20	\$1,136.40	\$378.80	\$2,556.22	\$1,652.95	\$1,239.71	\$413.24
SUTTER HEALTH PLUS PEAK ML85 DEDUCTIBLE HMO								
Employee Only	\$750.60	\$0.00	\$750.60	\$0.00	\$818.84	\$0.00	\$818.84	\$0.00
2-Party (Employee + 1 dependent)	\$1,501.20	\$750.60	\$562.95	\$187.65	\$1,637.67	\$818.83	\$614.13	\$204.70
Family (Employee + 2 or more dependents)	\$2,124.10	\$1,373.50	\$1,030.13	\$343.37	\$2,317.20	\$1,498.36	\$1,123.77	\$374.59
UNITEDHEALTHCARE (UHC) \$15 HMO HARMONY								
Employee Only	\$1,103.07	\$0.00	\$1,103.07	\$0.00	\$1,203.35	\$0.00	\$1,203.35	\$0.00
2-Party (Employee + 1 dependent)	\$2,310.06	\$1,206.99	\$905.24	\$301.75	\$2,520.07	\$1,316.72	\$987.54	\$329.18
Family (Employee + 2 or more dependents)	\$3,297.46	\$2,194.39	\$1,645.79	\$548.60	\$3,597.23	\$2,393.88	\$1,795.41	\$598.47

Cupertino Union School District

DISTRICT/EMPLOYEE MONTHLY CONTRIBUTION CHART FOR EMPLOYEES WORKING 6-8 HRS/DAY
January 1 - December 31, 2024

PLAN TYPE	12 PAY PERIODS				11 PAY PERIODS			
	MONTHLY PREMIUM	MO PREMIUM MINUS EE ONLY RATE	*CUSD'S CONTRIBUTION FOR EMPLOYEE WORKING 6-8 HRS/DAY	EMPLOYEE'S CONTRIBUTION WHO WORKS 6-8 HRS/DAY	MONTHLY PREMIUM	MO PREMIUM MINUS EE ONLY RATE	*CUSD'S CONTRIBUTION FOR EMPLOYEE WORKING 6-8 HRS/DAY	EMPLOYEE'S CONTRIBUTION WHO WORKS 6-8 HRS/DAY
UNITEDHEALTHCARE (UHC)								
\$20 HMO HARMONY								
Employee Only	\$1,033.07	\$0.00	\$1,033.07	\$0.00	\$1,126.99	\$0.00	\$1,126.99	\$0.00
2-Party (Employee + 1 dependent)	\$2,163.47	\$1,130.40	\$847.80	\$282.60	\$2,360.15	\$1,233.16	\$924.87	\$308.29
Family (Employee + 2 or more dependents)	\$3,088.21	\$2,055.14	\$1,541.36	\$513.78	\$3,368.96	\$2,241.97	\$1,681.48	\$560.49
UHC PPO (no new enrollments; for grandfathered members)								
Employee Only	\$1,346.00	\$0.00	\$1,346.00	\$0.00	\$1,468.36	\$0.00	\$1,468.36	\$0.00
2-Party (Employee + 1 dependent)	\$2,818.81	\$1,472.81	\$1,104.61	\$368.20	\$3,075.07	\$1,606.70	\$1,205.03	\$401.68
Family (Employee + 2 or more dependents)	\$4,023.66	\$2,677.66	\$2,008.25	\$669.41	\$4,389.45	\$2,921.08	\$2,190.81	\$730.27
UHC HEALTH SAVINGS ACCOUNT								
Employee Only	\$969.30	\$0.00	\$969.30	\$0.00	\$1,057.42	\$0.00	\$1,057.42	\$0.00
2-Party (Employee + 1 dependent)	\$2,029.92	\$1,060.62	\$795.47	\$265.16	\$2,214.46	\$1,157.04	\$867.78	\$289.26
Family (Employee + 2 or more dependents)	\$2,897.58	\$1,928.28	\$1,446.21	\$482.07	\$3,161.00	\$2,103.58	\$1,577.68	\$525.89
DELTA PPO PREMIER DENTAL								
Employee Only	\$76.14	\$0.00	\$76.14	\$0.00	\$83.06	\$0.00	\$83.06	\$0.00
2-Party (Employee + 1 dependent)	\$148.48	\$72.34	\$54.26	\$18.08	\$161.97	\$78.91	\$59.19	\$19.72
Family (Employee + 2 or more dependents)	\$233.37	\$157.23	\$117.92	\$39.31	\$254.58	\$171.52	\$128.64	\$42.88
DELTA DENTAL LOW COST PLAN								
Employee Only	\$40.52	\$0.00	\$40.52	\$0.00	\$44.20	\$0.00	\$44.20	\$0.00
2-Party (Employee + 1 dependent)	\$79.00	\$38.48	\$28.86	\$9.62	\$86.18	\$41.98	\$31.49	\$10.49
Family (Employee + 2 or more dependents)	\$123.66	\$83.14	\$62.36	\$20.78	\$134.90	\$90.70	\$68.03	\$22.67
DELTACARE HMO (composite rate))								
Employee Only	\$54.49	\$0.00	\$54.49	\$0.00	\$59.44	\$0.00	\$59.44	\$0.00
Family (Employee + 1 or more dependents)	\$54.49	\$0.00	\$40.87	\$13.62	\$59.44	\$0.00	\$44.58	\$14.86
VISION SERVICE PLAN								
Employee Only	\$7.44	\$0.00	\$7.44	\$0.00	\$8.12	\$0.00	\$8.12	\$0.00
2-Party (Employee + 1 dependent)	\$14.90	\$7.46	\$5.60	\$1.86	\$16.25	\$8.13	\$6.10	\$2.03
Family (Employee + 2 or more dependents)	\$23.99	\$16.55	\$12.41	\$4.14	\$26.17	\$18.05	\$13.54	\$4.51
GROUP LIFE INSURANCE (mandatory enrollment w/ medical)								
Employee Only	\$13.39	\$0.00	\$13.39	\$0.00	\$14.61	\$0.00	\$14.61	\$0.00
Family (Employee + 1 or more dependents)	\$13.99	\$0.60	\$0.45	\$0.15	\$15.26	\$0.65	\$0.49	\$0.16
NOTES: * District's total monthly contribution consists of the Employee Only Premium cost plus 75% of the dependent premium costs for 2-party & family								
<i>Employee deductions are taken pre-tax .</i>								
rev 6/25/24 (fixed DeltaCare HMO rate) HR/an								