

Cupertino Union School District

DISTRICT/EMPLOYEE MONTHLY CONTRIBUTION CHART FOR EMPLOYEES WORKING 6-8 HRS/DAY
January 1 - December 31, 2025

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	\$980.01	\$0.00	\$980.01	\$0.00	\$1,069.10	\$0.00	\$1,069.10	\$0.00
2-Party (Employee + 1 dependent)	\$2,024.27	\$1,044.26	\$783.20	\$261.06	\$2,208.29	\$1,139.19	\$854.40	\$284.79
Family (Employee + 2 or more dependents)	\$2,879.59	\$1,899.58	\$1,424.69	\$474.89	\$3,141.37	\$2,072.27	\$1,554.20	\$518.07
UHC PPO (no new enrollments; for grandfathered members only)								
Employee Only	\$1,519.79	\$0.00	\$1,519.79	\$0.00	\$1,657.95	\$0.00	\$1,657.95	\$0.00
2-Party (Employee + 1 dependent)	\$3,182.76	\$1,662.97	\$1,247.23	\$415.74	\$3,472.10	\$1,814.15	\$1,360.61	\$453.54
Family (Employee + 2 or more dependents)	\$4,543.18	\$3,023.39	\$2,267.54	\$755.85	\$4,956.20	\$3,298.24	\$2,473.68	\$824.56
UHC HEALTH SAVINGS ACCOUNT								
Employee Only	\$1,129.23	\$0.00	\$1,129.23	\$0.00	\$1,231.89	\$0.00	\$1,231.89	\$0.00
2-Party (Employee + 1 dependent)	\$2,364.85	\$1,235.62	\$926.72	\$308.90	\$2,579.84	\$1,347.95	\$1,010.97	\$336.98
Family (Employee + 2 or more dependents)	\$3,375.67	\$2,246.44	\$1,684.83	\$561.61	\$3,682.55	\$2,450.66	\$1,838.00	\$612.66
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	\$31.48	\$10.48
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	\$8.14	\$6.11	\$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 if enrolling in medical)								
Employee Only	\$14.02	\$0.00	\$14.02	\$0.00	\$15.29	\$0.00	\$15.29	\$0.00
Family (Employee + 1 or more dependents)	\$14.62	\$0.60	\$0.45	\$0.15	\$15.95	\$0.65	\$0.49	\$0.16
NOTES:								
<i>District pays 100% of the employee only monthly premium for an employee working 6-8 hours per day</i>								
<i>Employee deductions are taken pre-tax .</i>								
							10/17/24	HR-an