

Cupertino Union School District
DISTRICT/EMPLOYEE MONTHLY CONTRIBUTION CHART
FOR EMPLOYEES WORKING LESS THAN 6 HRS/DAY
January 1 - December 31, 2025

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
KAISER HMO										
Employee Only	\$314.23	\$376.88	\$440.28	\$502.92	\$565.57	\$628.97	\$691.62	\$754.26	\$817.66	\$880.31
2-Party (Employee + 1 dependent)	\$628.46	\$753.75	\$880.55	\$1,005.84	\$1,131.13	\$1,257.93	\$1,383.22	\$1,508.51	\$1,635.31	\$1,760.60
Family (Employee + 2 or more dependents)	\$889.27	\$1,066.56	\$1,245.98	\$1,423.26	\$1,600.55	\$1,779.97	\$1,957.25	\$2,134.54	\$2,313.96	\$2,491.24
KAISER DEDUCTIBLE HMO										
Employee Only	\$275.38	\$330.28	\$385.85	\$440.75	\$495.65	\$551.21	\$606.11	\$661.01	\$716.57	\$771.47
2-Party (Employee + 1 dependent)	\$550.76	\$660.56	\$771.68	\$881.48	\$991.28	\$1,102.40	\$1,212.20	\$1,322.00	\$1,433.12	\$1,542.92
Family (Employee + 2 or more dependents)	\$779.32	\$934.69	\$1,091.93	\$1,247.29	\$1,402.66	\$1,559.90	\$1,715.27	\$1,870.63	\$2,027.87	\$2,183.24
KAISER HEALTH SAVINGS ACCOUNT 1800										
Employee Only	\$258.37	\$309.88	\$362.01	\$413.51	\$465.02	\$517.15	\$568.66	\$620.17	\$672.30	\$723.81
2-Party (Employee + 1 dependent)	\$516.74	\$619.75	\$724.01	\$827.02	\$930.04	\$1,034.30	\$1,137.31	\$1,240.33	\$1,344.59	\$1,447.60
Family (Employee + 2 or more dependents)	\$731.18	\$876.95	\$1,024.48	\$1,170.24	\$1,316.01	\$1,463.54	\$1,609.30	\$1,755.07	\$1,902.60	\$2,048.37
KAISER HEALTH SAVINGS ACCOUNT 2500										
Employee Only	\$218.27	\$261.78	\$305.82	\$349.34	\$392.85	\$436.89	\$480.40	\$523.92	\$567.96	\$611.47
2-Party (Employee + 1 dependent)	\$436.53	\$523.56	\$611.63	\$698.66	\$785.69	\$873.76	\$960.79	\$1,047.82	\$1,135.89	\$1,222.92
Family (Employee + 2 or more dependents)	\$617.70	\$740.84	\$865.47	\$988.61	\$1,111.75	\$1,236.38	\$1,359.53	\$1,482.67	\$1,607.30	\$1,730.44
SUTTER HEALTH PLUS SUMMIT ML81 HMO										
Employee Only	\$310.05	\$371.86	\$434.41	\$496.22	\$558.04	\$620.59	\$682.40	\$744.21	\$806.77	\$868.58
2-Party (Employee + 1 dependent)	\$620.09	\$743.72	\$868.83	\$992.45	\$1,116.07	\$1,241.18	\$1,364.80	\$1,488.43	\$1,613.54	\$1,737.16
Family (Employee + 2 or more dependents)	\$877.37	\$1,052.29	\$1,229.31	\$1,404.22	\$1,579.13	\$1,756.15	\$1,931.07	\$2,105.98	\$2,283.00	\$2,457.91
SUTTER HEALTH PLUS PEAK ML85 DEDUCTIBLE HMO										
Employee Only	\$281.09	\$337.13	\$393.85	\$449.88	\$505.92	\$562.64	\$618.67	\$674.71	\$731.43	\$787.47
2-Party (Employee + 1 dependent)	\$562.19	\$674.26	\$787.69	\$899.77	\$1,011.85	\$1,125.27	\$1,237.35	\$1,349.43	\$1,462.85	\$1,574.93
Family (Employee + 2 or more dependents)	\$795.41	\$953.99	\$1,114.47	\$1,273.05	\$1,431.62	\$1,592.11	\$1,750.68	\$1,909.26	\$2,069.74	\$2,228.32

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UNITEDHEALTHCARE (UHC) \$15 HMO HARMONY											
Employee Only	\$347.46	\$416.73	\$486.84	\$556.11	\$625.38	\$695.48	\$764.75	\$834.02	\$904.13	\$973.40	
2-Party (Employee + 1 dependent)	\$718.40	\$861.62	\$1,006.57	\$1,149.79	\$1,293.01	\$1,437.95	\$1,581.17	\$1,724.40	\$1,869.34	\$2,012.56	
Family (Employee + 2 or more dependents)	\$1,022.70	\$1,226.58	\$1,432.92	\$1,636.80	\$1,840.69	\$2,047.03	\$2,250.91	\$2,454.80	\$2,661.14	\$2,865.02	
UNITEDHEALTHCARE (UHC) \$20 HMO HARMONY											
Employee Only	\$333.83	\$400.38	\$467.73	\$534.28	\$600.84	\$668.19	\$734.74	\$801.29	\$868.65	\$935.20	
2-Party (Employee + 1 dependent)	\$689.54	\$827.01	\$966.13	\$1,103.60	\$1,241.06	\$1,380.18	\$1,517.65	\$1,655.12	\$1,794.24	\$1,931.71	
Family (Employee + 2 or more dependents)	\$980.89	\$1,176.44	\$1,374.35	\$1,569.90	\$1,765.45	\$1,963.36	\$2,158.91	\$2,354.46	\$2,552.36	\$2,747.91	
UHC PPO (no new enrollments; for grandfathered members)											
Employee Only	\$517.70	\$620.90	\$725.35	\$828.56	\$931.77	\$1,036.22	\$1,139.43	\$1,242.64	\$1,347.09	\$1,450.29	
2-Party (Employee + 1 dependent)	\$1,084.16	\$1,300.30	\$1,519.04	\$1,735.18	\$1,951.32	\$2,170.06	\$2,386.20	\$2,602.34	\$2,821.08	\$3,037.22	
Family (Employee + 2 or more dependents)	\$1,547.57	\$1,856.10	\$2,168.34	\$2,476.86	\$2,785.38	\$3,097.62	\$3,406.15	\$3,714.67	\$4,026.91	\$4,335.43	
UHC HEALTH SAVINGS ACCOUNT											
Employee Only	\$384.66	\$461.34	\$538.95	\$615.64	\$692.32	\$769.93	\$846.61	\$923.30	\$1,000.91	\$1,077.59	
2-Party (Employee + 1 dependent)	\$805.55	\$966.15	\$1,128.68	\$1,289.27	\$1,449.87	\$1,612.40	\$1,772.99	\$1,933.59	\$2,096.12	\$2,256.71	
Family (Employee + 2 or more dependents)	\$1,149.88	\$1,379.11	\$1,611.12	\$1,840.35	\$2,069.59	\$2,301.59	\$2,530.83	\$2,760.07	\$2,992.07	\$3,221.31	
DELTA PPO PREMIER DENTAL											
Employee Only	\$25.93	\$31.10	\$36.33	\$41.50	\$46.68	\$51.91	\$57.08	\$62.25	\$67.48	\$72.65	
2-Party (Employee + 1 dependent)	\$50.58	\$60.66	\$70.87	\$80.95	\$91.03	\$101.24	\$111.32	\$121.40	\$131.61	\$141.69	
Family (Employee + 2 or more dependents)	\$79.49	\$95.34	\$111.38	\$127.23	\$143.08	\$159.12	\$174.96	\$190.81	\$206.85	\$222.70	
DELTA DENTAL LOW COST PLAN											
Employee Only	\$13.80	\$16.55	\$19.34	\$22.09	\$24.84	\$27.63	\$30.38	\$33.13	\$35.92	\$38.67	
2-Party (Employee + 1 dependent)	\$26.91	\$32.28	\$37.70	\$43.07	\$48.43	\$53.86	\$59.23	\$64.59	\$70.02	\$75.39	
Family (Employee + 2 or more dependents)	\$42.12	\$50.52	\$59.01	\$67.41	\$75.81	\$84.31	\$92.71	\$101.10	\$109.60	\$118.00	

