FREMONT UNION HIGH SCHOOL DISTRICT
(FEA) CERTIFICATED HEALTH BENEFITS
PART-TIME MONTHLY EMPLOYEE SHARE (JAN 2025 - DEC 2025)

EMPLOYEE FTE	**0.833**	**0.80**	**0.70**	**0.666**	**0.60**	**0.50**
****Kaiser Traditional + Vision, Dental**	$280.40	$335.79	$503.70	$560.78	$671.59	$839.49
****Kaiser HDHP + Vision, Dental**	$275.14	$329.49	$494.25	$550.25	$658.99	$823.74
****Anthem Legacy + Vision, Dental**	$530.21	$634.97	$952.46	$1,060.40	$1,269.94	$1,587.43
****Anthem Non-Legacy + Vision, Dental**	$523.71	$627.18	$940.79	$1,047.40	$1,254.38	$1,567.98
****Anthem HDHP + Vision, Dental**	$448.20	$536.75	$805.15	$896.39	$1,073.52	$1,341.90
****Vision, Dental only (no medical)**	$24.27	$29.05	$43.59	$48.52	$58.11	$72.64

Spousal Contribution: (If covering spouse/registered domestic partner)

*__Add $150.00__ to the above monthly amount, if spouse/registered domestic partner **has no access** to other employer group health plan**. Add $280.00** if spouse/registered domestic partner **has access** to other employer group health plan.

Children Contribution:

* **Add $25.00** child(ren) surcharge for covering any number of children.

*If you are only selecting Vision, Dental,(no medical), your spouse/registered domestic partner and children dependents can be covered at no extra charge on your Dental and Vision.

****The amount of the empoyee's health portion above (medical, dental, vision) will double deduct on the employee's Apr and May Payroll to cover the employee's June & July employee contributions.**

Employee enrolled into an Anthem HDHP plan or Kaiser HDHP plan, a Health Savings Account (HSA) will be opened on your behalf with VitaFlex. FEA will contribute to the HSA on your behalf each month ($1,600/year for individual coverage or $3,200/year for family coverage).