

**MARRIED COUPLES REIMBURSEMENT****2025-2026**

Plan Type	Employee Deduction (10thly)	Employee Deduction (Yearly)	District Dental/Vision/Life (Yearly)	District Medical (Yearly)	Max Reimbursment of Medical (Yearly)
Anthem HMO 30 Family	\$880.00	\$8,800.00	\$1,603.90	\$11,727.10	\$2,927.10
Kaiser HMO 30 Family	\$680.00	\$6,800.00	\$1,603.90	\$11,727.10	\$4,927.10
Anthem DHMO 500 Family	\$650.00	\$6,500.00	\$1,603.90	\$11,727.10	\$5,227.10
Kaiser DHMO 500 Family	\$460.00	\$4,600.00	\$1,603.90	\$11,727.10	\$7,127.10
Athem PPO 500 Family	\$3,820.00	\$38,200.00	\$1,603.90	\$11,727.10	\$0.00
Anthem HSA 1600 Family	\$1,955.00	\$19,550.00	\$1,603.90	\$11,727.10	\$0.00
Athem HSA 3000 Family	\$1,660.00	\$16,600.00	\$1,603.90	\$11,727.10	\$0.00
Anthem HMO MVP Family	\$125.00	\$1,250.00	\$1,603.90	\$11,727.10	\$10,477.10
Kasier MVP Family	\$135.00	\$1,350.00	\$1,603.90	\$11,727.10	\$10,377.10

* District 10thly Contribution	\$1,333.10
D/V/L For All (Minus)	\$160.39
	<b>\$1,172.71</b>