Cupertino Union School District

DISTRICT/EMPLOYEE MONTHLY CONTRIBUTION CHART
FOR EMPLOYEES WORKING LESS THAN 6 HRS/DAY
January 1 - December 31, 2026

				11 PAY PERIODS						
PLAN TYPE	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	$312.31	$374.57	$437.58	$499.84	$562.10	$625.11	$687.37	$749.63	$812.64	$874.91
2-Party (Employee + 1 family member)	$624.61	$749.13	$875.16	$999.68	$1,124.20	$1,250.22	$1,374.74	$1,499.27	$1,625.29	$1,749.81
members)	$883.83	$1,060.02	$1,238.35	$1,414.55	$1,590.74	$1,769.07	$1,945.26	$2,121.46	$2,299.79	$2,475.98
KAISER DEDUCTIBLE HMO										
Employee Only	$273.69	$328.26	$383.48	$438.04	$492.61	$547.83	$602.39	$656.95	$712.18	$766.74
2-Party (Employee + 1 family member)	$547.39	$656.52	$766.96	$876.09	$985.21	$1,095.65	$1,204.78	$1,313.91	$1,424.35	$1,533.48
members)	$774.56	$928.97	$1,085.25	$1,239.66	$1,394.08	$1,550.35	$1,704.77	$1,859.18	$2,015.46	$2,169.87
KAISER HEALTH SAVINGS ACCOUNT 1800										
Employee Only	$256.78	$307.97	$359.78	$410.97	$462.17	$513.98	$565.17	$616.36	$668.17	$719.36
2-Party (Employee + 1 family member)	$513.56	$615.95	$719.57	$821.95	$924.33	$1,027.95	$1,130.33	$1,232.72	$1,336.34	$1,438.72
members)	$726.69	$871.57	$1,018.19	$1,163.06	$1,307.93	$1,454.55	$1,599.42	$1,744.30	$1,890.92	$2,035.79
UNITEDHEALTHCARE (UHC) SIGNATURE VALUE FULL NETWORK (+ Sutter Health)										
Employee Only	$367.46	$440.72	$514.86	$588.12	$661.38	$735.52	$808.78	$882.03	$956.17	$1,029.43
2-Party (Employee + 1 family member)	$719.56	$863.01	$1,008.19	$1,151.64	$1,295.09	$1,440.27	$1,583.72	$1,727.18	$1,872.35	$2,015.81
members)	$1,023.60	$1,227.66	$1,434.19	$1,638.25	$1,842.31	$2,048.84	$2,252.90	$2,456.96	$2,663.49	$2,867.55
UNITEDHEALTHCARE (UHC) SIGNATURE VALUE ALLIANCE (Sutter Health Network only)										
Employee Only	$359.35	$430.99	$503.49	$575.13	$646.77	$719.28	$790.92	$862.56	$935.06	$1,006.70
2-Party (Employee + 1 family member)	$703.67	$843.96	$985.93	$1,126.21	$1,266.50	$1,408.47	$1,548.76	$1,689.04	$1,831.01	$1,971.30
members)	$1,001.00	$1,200.56	$1,402.52	$1,602.08	$1,801.64	$2,003.60	$2,203.16	$2,402.71	$2,604.68	$2,804.24

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UHC PPO (no new enrollments; for grandfathered members)										
Employee Only	$650.28	$779.92	$911.12	$1,040.76	$1,170.40	$1,301.60	$1,431.24	$1,560.88	$1,692.08	$1,821.72
2-Party (Employee + 1 family member)	$1,361.82	$1,633.31	$1,908.07	$2,179.57	$2,451.06	$2,725.82	$2,997.31	$3,268.80	$3,543.57	$3,815.06
members)	$1,943.91	$2,331.44	$2,723.65	$3,111.18	$3,498.72	$3,890.93	$4,278.46	$4,666.00	$5,058.20	$5,445.74
UHC HEALTH SAVINGS ACCOUNT (no new enrollments starting 1-1-26										
Employee Only	$478.11	$573.43	$669.89	$765.21	$860.52	$956.99	$1,052.30	$1,147.62	$1,244.08	$1,339.40
2-Party (Employee + 1 family member)	$1,001.27	$1,200.88	$1,402.90	$1,602.51	$1,802.12	$2,004.14	$2,203.75	$2,403.36	$2,605.38	$2,804.99
members)	$1,429.24	$1,714.18	$2,002.54	$2,287.47	$2,572.41	$2,860.77	$3,145.71	$3,430.64	$3,719.00	$4,003.94
DELTA PPO PREMIER DENTAL										
Employee Only	$25.94	$31.11	$36.34	$41.51	$46.68	$51.91	$57.08	$62.25	$67.49	$72.66
2-Party (Employee + 1 family member)	$50.58	$60.66	$70.87	$80.95	$91.03	$101.24	$111.32	$121.40	$131.61	$141.69
members)	$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 family member)	$26.91	$32.28	$37.70	$43.07	$48.43	$53.86	$59.23	$64.59	$70.02	$75.39
members)	$42.12	$50.52	$59.01	$67.41	$75.81	$84.31	$92.71	$101.10	$109.60	$118.00
DELTACARE HMO (one rate)	$18.56	$22.26	$26.01	$29.71	$33.41	$37.15	$40.85	$44.55	$48.30	$52.00
VISION SERVICE PLAN										
Employee Only	$2.53	$3.04	$3.55	$4.06	$4.56	$5.07	$5.58	$6.08	$6.59	$7.10
2-Party (Employee + 1 family member)	$5.08	$6.09	$7.11	$8.12	$9.14	$10.16	$11.17	$12.18	$13.21	$14.22
members)	$8.17	$9.80	$11.45	$13.08	$14.71	$16.36	$17.99	$19.62	$21.26	$22.89
GROUP LIFE INSURANCE (mandatory if enrolling in medical)										
Employee Only	$4.78	$5.73	$6.69	$7.64	$8.60	$9.56	$10.51	$11.46	$12.43	$13.38
members)	$4.98	$5.97	$6.98	$7.97	$8.96	$9.97	$10.96	$11.95	$12.96	$13.95
NOTES:										
**** Part time employees who work less than 6 hours per day are eligible to participate in the Health & Welfare program***										
on a pro-rata basis consistent with the number of hours worked daily or their Full Time Equivalent (FTE).										
**** Employee deductions are taken pre-tax .***									HR/an 10-10-25	