

2026 HEALTH INSURANCE RATES

BENEFIT ELIGIBLE EMPLOYEES & EARLY RETIREES

HEALTH INSURANCE PACKAGES - Full-time Employees

Employee-only packages include medical/dental/vision for employee <i>+1 and family packages include medical/dental for dependents, <u>but not vision</u></i>		Total Mo. Premium	% Paid by District	12thly Cost to District	*12thly Cost to enrollee	10thly Payroll Deduction
Kaiser	Employee Only May add dependent dental and/or vision at additional cost (<i>see below</i>)	\$975.00	100%	\$975.00	\$0.00	\$0.00
	Employee +1 Dependent May add dependent vision at additional cost (<i>see below</i>)	\$1,923.00	88%	\$1,692.24	\$230.76	\$276.91
	Employee + Family May add dependent vision at additional cost (<i>see below</i>)	\$2,710.00	88%	\$2,384.80	\$325.20	\$390.24
UHC-HMO Full Network	Employee Only May add dependent dental and/or vision at additional cost (<i>see below</i>)	\$1,100.00	100%	\$1,100.00	\$0.00	\$0.00
	Employee +1 Dependent May add dependent vision at additional cost (<i>see below</i>)	\$2,170.00	58%	\$1,258.60	\$911.40	\$1,093.68
	Employee + Family May add dependent vision at additional cost (<i>see below</i>)	\$3,047.00	58%	\$1,767.26	\$1,279.74	\$1,535.69
UHC- HMO Harmony	Employee Only May add dependent dental and/or vision at additional cost (<i>see below</i>)	\$865.00	100%	\$865.00	\$0.00	\$0.00
	Employee +1 Dependent May add dependent vision at additional cost (<i>see below</i>)	\$1,701.00	58%	\$986.58	\$714.42	\$857.30
	Employee + Family May add dependent vision at additional cost (<i>see below</i>)	\$2,412.00	58%	\$1,398.96	\$1,013.04	\$1,215.65
UHC-HMO Journey- Harmony w/HRA	Employee Only May add dependent dental and/or vision at additional cost (<i>see below</i>)	\$726.00	100%	\$726.00	\$0.00	\$0.00
	Employee +1 Dependent May add dependent vision at additional cost (<i>see below</i>)	\$1,386.00	58%	\$803.88	\$582.12	\$698.54
	Employee + Family May add dependent vision at additional cost (<i>see below</i>)	\$1,985.00	58%	\$1,151.30	\$833.70	\$1,000.44
UHC-HMO Alliance	Employee Only May add dependent dental and/or vision at additional cost (<i>see below</i>)	\$962.00	100%	\$962.00	\$0.00	\$0.00
	Employee +1 Dependent May add dependent vision at additional cost (<i>see below</i>)	\$1,896.00	58%	\$1,099.68	\$796.32	\$955.58
	Employee + Family May add dependent vision at additional cost (<i>see below</i>)	\$2,675.00	58%	\$1,551.50	\$1,123.50	\$1,348.20
UHC-HMO Journey- Alliance w/HRA	Employee Only May add dependent dental and/or vision at additional cost (<i>see below</i>)	\$786.00	100%	\$786.00	\$0.00	\$0.00
	Employee +1 Dependent May add dependent vision at additional cost (<i>see below</i>)	\$1,506.00	58%	\$873.48	\$632.52	\$759.02
	Employee + Family May add dependent vision at additional cost (<i>see below</i>)	\$2,148.00	58%	\$1,245.84	\$902.16	\$1,082.59
UMR PPO	Employee Only May add dependent dental and/or vision at additional cost (<i>see below</i>)	\$1,952.00	85%	\$1,659.20	\$292.80	\$351.36
	Employee +1 Dependent May add dependent vision at additional cost (<i>see below</i>)	\$4,023.00	50%	\$2,011.50	\$2,011.50	\$2,413.80
	Employee + Family May add dependent vision at additional cost (<i>see below</i>)	\$5,665.00	40%	\$2,266.00	\$3,399.00	\$4,078.80
Surest PPO <i>Out-of-State Formerly UMR</i>	Employee Only May add dependent dental and/or vision at additional cost (<i>see below</i>)	\$1,890.00	85%	\$1,606.50	\$283.50	
	Employee +1 Dependent May add dependent vision at additional cost (<i>see below</i>)	\$4,005.00	50%	\$2,002.50	\$2,002.50	
	Employee + Family May add dependent vision at additional cost (<i>see below</i>)	\$5,431.00	40%	\$2,172.40	\$3,258.60	

*COBRA and Retiree payments made on a 12thly basis--Active Employee payroll deductions made on a 10thly basis

ADD-ON DEPENDENT COVERAGE

DEPENDENT DENTAL COVERAGE <i>Cost to add dependent dental to employee-only health insurance package</i>		LWOP Rates		12thly Cost to District	*12thly Cost to Enrollee	10thly Payroll Deduction
Delta PPO	+1 Dependent	\$	97.09 E+1	\$ 57.11	\$39.98	\$47.98
	+ Family	\$	148.49 E+F	\$ 57.11	\$91.38	\$109.66
Delta HMO	+1 Dependent	\$	35.57 E+1	\$ 19.26	\$16.31	\$19.57
	+ Family	\$	52.58 E+F	\$ 19.26	\$33.32	\$39.98
DEPENDENT VISION COVERAGE <i>Cost to add dependent vision to any health insurance package</i>		LWOP Rates		12thly Cost to District	*12thly Cost to Enrollee	10thly Payroll Deduction
VSP	+1 Dependent	\$	19.50 E+1	\$ 10.20	\$9.30	\$11.16
	+ Family	\$	29.21 E+F	\$ 10.20	\$19.01	\$22.81

*COBRA and Retiree payments made on a 12thly basis--Active Employee payroll deductions made on a 10thly basis