

MARRIED COUPLES REIMBURSEMENT

2026-2027 Spousal Reimbursement Amounts					
Plan Type	Employee Deduction (10thly)	Employee Deduction (Yearly)	District Dental/Vision/Life (Yearly)	District Medical (Yearly)	Max Reimbursement of Medical (Yearly)
Anthem HMO 30 Family	\$845.00	\$8,450.00	\$1,785.40	\$13,545.60	\$5,095.60
Kaiser HMO 30 Family	\$645.00	\$6,450.00	\$1,785.40	\$13,545.60	\$7,095.60
Anthem DHMO 500 Family	\$245.00	\$2,450.00	\$1,785.40	\$13,545.60	\$11,095.60
Kaiser DHMO 500 Family	\$425.00	\$4,250.00	\$1,785.40	\$13,545.60	\$9,295.60
**Anthem PPO 500 Family	\$3,820.00	\$38,200.00	\$1,785.40	\$13,545.60	-\$24,654.40
**Anthem HSA 1700 Family	\$1,955.00	\$19,550.00	\$1,785.40	\$13,545.60	-\$6,004.40
**Athem HSA 3000 Family	\$1,660.00	\$16,600.00	\$1,785.40	\$13,545.60	-\$3,054.40
Anthem HMO MVP Family	\$125.00	\$1,250.00	\$1,785.40	\$13,545.60	\$12,295.60
Kasier MVP Family	\$135.00	\$1,350.00	\$1,785.40	\$13,545.60	\$12,195.60

* District 10thly Contribution	\$1,533.10
D/V/L For All (Minus)	\$178.54
	\$1,354.56

** These plans have an employee deduction that exceeds the district contribution. This means there is no balance remaining so there is no spousal reimbursements on these plans.