

**FREMONT UNION HIGH SCHOOL DISTRICT
(FEA) CERTIFICATED HEALTH BENEFITS
PART-TIME MONTHLY EMPLOYEE SHARE (JAN 2026 - DEC 2026)**

<i>EMPLOYEE FTE</i>	0.833	0.80	0.70	0.666	0.60	0.50
**Kaiser Traditional + Vision, Dental	\$335.75	\$402.10	\$603.16	\$671.51	\$804.20	\$1,005.27
**Kaiser HDHP + Vision, Dental	\$277.18	\$331.95	\$497.93	\$554.35	\$663.90	\$829.89
**Anthem Legacy + Vision, Dental	\$549.23	\$657.76	\$986.64	\$1,098.45	\$1,315.51	\$1,644.41
**Anthem Non-Legacy + Vision, Dental	\$523.51	\$626.96	\$940.45	\$1,047.02	\$1,253.92	\$1,567.42
**Anthem HDHP + Vision, Dental	\$464.54	\$556.34	\$834.51	\$929.08	\$1,112.68	\$1,390.86
**Vision, Dental only (no medical)	\$26.31	\$31.51	\$47.27	\$52.62	\$63.02	\$78.79

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 employee'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 (\$1,700/year for individual coverage or \$3,400/year for family coverage).