SMUUSD Health Rates (Part-time)
October 1, 2025 - September 30, 2026

Work Percentage	50%	55%	56%	60%	63%	63%	65%	68%	70%	72%	75%	77%	78%	80%	81%	82.50	85%
Hours Worked Per Day	4	4.4	4.48	4.8	5	5.04	5.2	5.44	5.6	5.76	6	6.16	6.24	6.4	6.48	6.6	6.8
Employer Contribution Percentage (Hrs/7)	0.57	0.63	0.64	0.69	0.71	0.72	0.74	0.78	0.80	0.82	0.86	0.88	0.89	0.91	0.93	0.94	0.97
Employee Contribution Percentage	0.43	0.37	0.36	0.31	0.29	0.28	0.26	0.22	0.20	0.18	0.14	0.12	0.11	0.09	0.07	0.06	0.03
Anthem 90%-G PPO (Full Network)	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays
Single	$584.40	$518.64	$505.49	$452.88	$420.00	$413.42	$387.12	$347.66	$321.36	$295.06	$255.60	$229.30	$216.14	$189.84	$176.69	$156.96	$124.08
Two-Party	$1,176.34	$1,044.62	$1,018.27	$912.89	$847.03	$833.86	$781.17	$702.13	$649.44	$596.75	$517.71	$465.02	$438.68	$385.99	$359.64	$320.13	$254.26
Family	$1,534.29	$1,362.51	$1,328.16	$1,190.74	$1,104.86	$1,087.68	$1,018.97	$915.91	$847.20	$778.49	$675.43	$606.72	$572.37	$503.66	$469.30	$417.77	$331.89
Anthem 80%-G PPO (Full Network)	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays
Single	$454.11	$393.57	$381.46	$333.02	$302.74	$296.69	$272.47	$236.14	$211.92	$187.70	$151.37	$127.15	$115.04	$90.82	$78.71	$60.55	$30.27
Two-Party	$907.20	$786.24	$762.05	$665.28	$604.80	$592.70	$544.32	$471.74	$423.36	$374.98	$302.40	$254.02	$229.82	$181.44	$157.25	$120.96	$60.48
Family	$1,182.86	$1,025.14	$993.60	$867.43	$788.57	$772.80	$709.71	$615.09	$552.00	$488.91	$394.29	$331.20	$299.66	$236.57	$205.03	$157.71	$78.86
Anthem 80%-G PPO (Select Network)	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays
Single	$436.11	$377.97	$366.34	$319.82	$290.74	$284.93	$261.67	$226.78	$203.52	$180.26	$145.37	$122.11	$110.48	$87.22	$75.59	$58.15	$29.07
Two-Party	$869.66	$753.70	$730.51	$637.75	$579.77	$568.18	$521.79	$452.22	$405.84	$359.46	$289.89	$243.50	$220.31	$173.93	$150.74	$115.95	$57.98
Family	$1,134.00	$982.80	$952.56	$831.60	$756.00	$740.88	$680.40	$589.68	$529.20	$468.72	$378.00	$317.52	$287.28	$226.80	$196.56	$151.20	$75.60
Anthem HMO Premier 10 (Full Network)	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays
Single	$441.26	$382.42	$370.66	$323.59	$294.17	$288.29	$264.75	$229.45	$205.92	$182.39	$147.09	$123.55	$111.79	$88.25	$76.48	$58.83	$29.42
Two-Party	$880.46	$763.06	$739.58	$645.67	$586.97	$575.23	$528.27	$457.84	$410.88	$363.92	$293.49	$246.53	$223.05	$176.09	$152.61	$117.39	$58.70
Family	$1,147.89	$994.83	$964.22	$841.78	$765.26	$749.95	$688.73	$596.90	$535.68	$474.46	$382.63	$321.41	$290.80	$229.58	$198.97	$153.05	$76.53
Anthem HMO Premier 10 (Select Network)	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays
Single	$424.29	$367.71	$356.40	$311.14	$282.86	$277.20	$254.57	$220.63	$198.00	$175.37	$141.43	$118.80	$107.49	$84.86	$73.54	$56.57	$28.29
Two-Party	$844.46	$731.86	$709.34	$619.27	$562.97	$551.71	$506.67	$439.12	$394.08	$349.04	$281.49	$236.45	$213.93	$168.89	$146.37	$112.59	$56.30
Family	$1,101.09	$954.27	$924.91	$807.46	$734.06	$719.38	$660.65	$572.56	$513.84	$455.12	$367.03	$308.30	$278.94	$220.22	$190.85	$146.81	$73.41

Work Percentage	50%	55%	56%	60%	63%	63%	65%	68%	70%	72%	75%	77%	78%	80%	81%	8250%	85%
Hours Worked Per Day	4	4.4	4.48	4.8	5	5.04	5.2	5.44	5.6	5.76	6	6.16	6.24	6.4	6.48	6.6	6.8
Employer Contribution Percentage (Hrs/7)	0.57	0.63	0.64	0.69	0.71	0.72	0.74	0.78	0.80	0.82	0.86	0.88	0.89	0.91	0.93	0.94	0.97
Employee Contribution Percentage	0.43	0.37	0.36	0.31	0.29	0.28	0.26	0.22	0.20	0.18	0.14	0.12	0.11	0.09	0.07	0.06	0.03
Kaiser Permanente HMO	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays
Single	$452.57	$392.23	$380.16	$331.89	$301.71	$295.68	$271.54	$235.34	$211.20	$187.06	$150.86	$126.72	$114.65	$90.51	$78.45	$60.34	$30.17
Two-Party	$905.14	$784.46	$760.32	$663.77	$603.43	$591.36	$543.09	$470.67	$422.40	$374.13	$301.71	$253.44	$229.30	$181.03	$156.89	$120.69	$60.34
Family	$1,177.20	$1,020.24	$988.85	$863.28	$784.80	$769.10	$706.32	$612.14	$549.36	$486.58	$392.40	$329.62	$298.22	$235.44	$204.05	$156.96	$78.48
Kaiser Permanente Deductible HMO 1000	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays
Single	$403.71	$349.89	$339.12	$296.06	$269.14	$263.76	$242.23	$209.93	$188.40	$166.87	$134.57	$113.04	$102.27	$80.74	$69.98	$53.83	$26.91
Two-Party	$807.94	$700.22	$678.67	$592.49	$538.63	$527.86	$484.77	$420.13	$377.04	$333.95	$269.31	$226.22	$204.68	$161.59	$140.04	$107.73	$53.86
Family	$1,050.17	$910.15	$882.14	$770.13	$700.11	$686.11	$630.10	$546.09	$490.08	$434.07	$350.06	$294.05	$266.04	$210.03	$182.03	$140.02	$70.01
Delta Dental PPO	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays
Single	$24.48	$21.22	$20.56	$17.95	$16.32	$15.99	$14.69	$12.73	$11.42	$10.12	$8.16	$6.85	$6.20	$4.90	$4.24	$3.26	$1.63
Two-Party	$50.91	$44.13	$42.77	$37.34	$33.94	$33.26	$30.55	$26.48	$23.76	$21.04	$16.97	$14.26	$12.90	$10.18	$8.83	$6.79	$3.39
Family	$77.25	$66.95	$64.89	$56.65	$51.50	$50.47	$46.35	$40.17	$36.05	$31.93	$25.75	$21.63	$19.57	$15.45	$13.39	$10.30	$5.15
Delta Cares HMO Dental	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays
Single	$14.44	$12.52	$12.13	$10.59	$9.63	$9.43	$8.66	$7.51	$6.74	$5.97	$4.81	$4.04	$3.66	$2.89	$2.50	$1.93	$0.96
Two-Party	$23.90	$20.72	$20.08	$17.53	$15.94	$15.62	$14.34	$12.43	$11.16	$9.88	$7.97	$6.69	$6.06	$4.78	$4.14	$3.19	$1.59
Family	$35.19	$30.50	$29.56	$25.80	$23.46	$22.99	$21.11	$18.30	$16.42	$14.54	$11.73	$9.85	$8.91	$7.04	$6.10	$4.69	$2.35
VSP Vision	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays
Single	$4.99	$4.32	$4.19	$3.66	$3.33	$3.26	$2.99	$2.59	$2.33	$2.06	$1.66	$1.40	$1.26	$1.00	$0.86	$0.67	$0.33
Two-Party	$16.63	$15.96	$15.83	$15.30	$14.97	$14.90	$14.63	$14.23	$13.97	$13.70	$13.30	$13.04	$12.90	$12.64	$12.50	$12.31	$11.97
Family	$28.27	$27.60	$27.47	$26.94	$26.61	$26.54	$26.27	$25.87	$25.61	$25.34	$24.94	$24.68	$24.54	$24.28	$24.14	$23.95	$23.61