CORRECTED

MARRIED COUPLES REIMBURSEMENT

2026-2027 Spousal Reimbursement Amounts					
Plan Type	**Employee Deduction (10thly**	**Employee Deduction (Yearly)**	**District Dental/Vision/Life (Yearly**	**District Medical (Yearly**	**ax Reimbursement of Medical (Yearl**
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~~
Anthem DHMO 500 Family	$615.00	$6,150.00	$1,785.40	$13,545.60	$7,395.60
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