

Mountain Empire Unified School District
 Health Costs
 January 1, 2025 to December 31, 2025
 Certificated & Classified Employees

* Kaiser 10 Rx:\$10/\$20	Premium	Employee	District
Employee	1,021.00	0.00	1,021.00
Two Party	2,014.00	516.00	1,498.00
Family	2,838.00	742.00	2,096.00

* VEBA Direct HMO	Premium	Employee	District
Employee	1,080.00	59.00	1,021.00
Two Party	2,134.00	683.50	1,450.50
Family	2,994.00	986.00	2,008.00

Certificated Pre-2014	
Employee	District
0.00	1,080.00
683.50	1,450.50
986.00	2,008.00

* UHC Journey Plan - Harmony (Tier 3)	Premium	Employee	District
Employee	953.00	0.00	953.00
Two Party	1,818.00	380.00	1438.00
Family	2,544.00	553.00	1991.00

Employee	District
0.00	953.00
380.00	1,438.00
553.00	1,991.00

* UHC Signature Value Alliance 20/30	Premium	Employee	District
Employee	1,190.00	169.00	1021.00
Two Party	2,213.00	770.00	1443.00
Family	3,096.00	1,058.00	2038.00

Employee	District
0.00	1,190.00
770.00	1,443.00
1,058.00	2,038.00

Surest PPO \$500 (Surest A+ 2,000)	Premium	Employee	District
Employee	1,582.00	370.50	1211.50
Two Party	3,083.00	1,162.00	1921.00
Family	4,306.00	2,210.00	2096.00

SIMNSA	Premium	Employee	District
Employee	347.00	0.00	347.00
Two Party	605.00	0.00	605.00
Family	887.00	0.00	887.00

Delta Dental			
Employee & Dependents	93.84	District Paid	

UHC Enhanced Dental Plan			
Employee	67.21	0.00	67.21
Two Party	127.70	33.86	93.84
Family	181.47	87.63	93.84

VSP Vision			
Employee & Dependents	9.70	District Paid	

Spectra, Inc. Enhanced Vision Plan			
Employee	11.22	1.52	9.70
Two Party	16.27	6.57	9.70
Family	29.17	19.47	9.70

Life Insurance \$50,000			
All Benefit Eligible Employees	5.70	District Paid	

Income Protection/Long Term			
All Benefit Eligible Employees	Percentage	District Paid	

* Includes Acupuncture and Chiropractic through Optum