

## HEALTH BENEFITS PREMIUM CONTRIBUTION CALCULATIONS EFFECTIVE JANUARY 1, 2026

The rates below are BASED on 1.00 FTE Employee
MSD Contribution amount will be prorated if employee is less than 1.0 FTE

HEALTH INSURANCE																		
TOTAL PREMIUM (A+B)	Kai	ser HMO \$5	1	aiser HMO \$15	-		Alliance Network		United Healthcare Alliance Network HMO \$30		ited Healthcare liance Network DHMO				United Healthcare Full Network DHMO	United Healthcare PPO 80/60	United Healthcare PPO 70/50	
Single	\$	1,194.72	\$	1,144.74	\$	1,054.46	\$	1,081.25	\$ 1,054.94	\$	857.80	\$ 1,106.87	\$ 1,078	3.76	\$ 973.15	\$ 2,193.83	\$	2,224.48
Two Party	\$	2,389.44	\$	2,289.48	\$	2,108.92	\$	2,109.95	\$ 2,065.76	\$	1,773.56	\$ 2,159.93	\$ 2,112	2.40	\$ 1,898.99	\$ 4,385.39	\$	4,448.95
Family	\$	3,381.06	\$	3,239.61	\$	2,984.12	\$	3,003.64	\$ 2,938.61	\$	2,524.78	\$ 3,074.81	\$ 3,004	4.96	\$ 2,703.34	\$ 5,701.20	\$	5,784.58
% increase in TOTAL premium from 2024		-0.92%		-0.92%		-0.92%		NEW	NEW		NEW	NEW		NEW	NEW	23.52%		25.61%
												United	United	ı	United			
							Uni	ited Healthcare	United Healthcare	Uni	ited Healthcare	Healthcare Full	Healthcare	Full	Healthcare Full	United		United
			Ka	aiser HMO			All	liance Network	Alliance Network	Alli	liance Network	Network HMO	Network F	імо	Network	Healthcare	He	althcare
EMPLOYER SHARE (A) MSD	Kais	ser HMO \$5		\$15	Ka	iser DHMO		HMO \$25	HMO \$30		DHMO	\$25	\$30		DHMO	PPO 80/60	PF	O 70/50
Single	\$	949.40	Ś	949.40	Ś	949.40	\$	949.40	\$ 949.40	Ś	857.80	\$ 949.40	\$ 949	9.40	\$ 949.40	\$ 949.40	\$	949.40
		2 13.10																
Two Party	\$	1,898.78	<del></del>	1,898.78	\$	1,898.78	\$	1,898.78	\$ 1,898.78	\$	1,773.56	\$ 1,898.78	\$ 1,898	3.78	\$ 1,898.78	\$ 1,898.78	\$	1,898.78
Two Party Family	\$		<del></del>	1,898.78 2,686.80	\$	1,898.78 2,686.80	-	1,898.78 2,686.80	\$ 1,898.78 \$ 2,686.80	\$	1,773.56 2,524.78	\$ 1,898.78 \$ 2,686.80	\$ 1,898 \$ 2,680	_	\$ 1,898.78 \$ 2,686.80	\$ 1,898.78 \$ 2,686.80	_	1,898.78 2,686.80
	\$	1,898.78	<del></del>		\$		-			\$				_		. ,	_	
	\$	1,898.78	<del></del>		\$		-			\$				5.80		. ,	_	
	\$	1,898.78	<del></del>		\$		\$	2,686.80		\$	2,524.78	\$ 2,686.80 United	\$ 2,680 United	5.80 I	\$ 2,686.80 United	. ,	\$	
	\$	1,898.78	\$		\$		\$ Uni	2,686.80	\$ 2,686.80	\$ \$ Uni	2,524.78	\$ 2,686.80  United Healthcare Full	\$ 2,680 United Healthcare	6.80 I • Full	\$ 2,686.80 United	\$ 2,686.80	\$	2,686.80
	\$	1,898.78	\$ \$	2,686.80	\$ \$ <b>Ka</b>		\$ Uni	2,686.80 ited Healthcare	\$ 2,686.80 United Healthcare	\$ \$ Uni	2,524.78 ited Healthcare	\$ 2,686.80  United Healthcare Full	\$ 2,680 United Healthcare	6.80 I • Full	\$ 2,686.80  United Healthcare Full	\$ 2,686.80 United	\$ He	2,686.80 United
Family	\$	1,898.78 2,686.80	\$ \$ <b>K</b> a	2,686.80 aiser HMO	\$ \$ <b>Ka</b>	2,686.80	\$ Uni	2,686.80 ited Healthcare liance Network	\$ 2,686.80  United Healthcare Alliance Network HMO \$30	\$ \$ Uni	2,524.78 lited Healthcare liance Network	\$ 2,686.80  United Healthcare Full Network HMO	\$ 2,680 United Healthcare Network F \$30	Full	\$ 2,686.80  United Healthcare Full Network	\$ 2,686.80  United Healthcare	\$ He	2,686.80 United
Family  EMPLOYEE SHARE (B) YOU	\$	1,898.78 2,686.80	\$ \$ <b>K</b> a	2,686.80 aiser HMO \$15	\$ \$ <b>Ka</b> \$	2,686.80	\$ Uni Alli	2,686.80 ited Healthcare liance Network HMO \$25	\$ 2,686.80  United Healthcare Alliance Network HMO \$30 \$ 105.54	\$ \$ Uni	2,524.78  iited Healthcare liance Network DHMO	\$ 2,686.80  United Healthcare Full Network HMO \$25	\$ 2,680  United Healthcare Network F \$30 \$ 129	Full	\$ 2,686.80  United Healthcare Full Network DHMO	\$ 2,686.80  United Healthcare PPO 80/60	\$ He	2,686.80 United Palthcare

			E	mployer	E	Employee							
DENTAL INSURANCE Rate				Share	Share		How to calculate the monthly "Employee Share" for part-time employees:						
High Plan Option (Group#7103-00028):	\$	91.72	\$	91.72	\$	-	Example:						
Low Plan Option (Group#7103-00128):							Premium:	\$	1,194.72	(Enter Total Premium A+B)			
Single	\$	42.70	\$	42.70	\$	-	Employer Share:	\$	949.40	(Enter Employer Share A)			
Two Party	\$	86.53	\$	86.53	\$	-	Employee FTE:		0.75	(# of hours/week divided by 40)			
Family	\$	122.11	\$	101.92	\$	20.19	Adjusted Employer Share:	\$	712.05	(Employer Share times Employee FTE)			
							Employee Share:	\$	482.67	(Premium minus Adjusted Employer Share)			
VISION (Group#20001040 0010)	ć	10.45	ć	10 AE	ė		1			-			

LIFE INSURANCE	ı	Premium	Employer Share	Employee Share		
Administrators (\$100k)	\$	18.35	\$ 18.35	\$	-	
Supervisors (\$50k)	\$	8.35	\$ 8.35	\$	-	
Classified Non-Management > 0.75fte	\$	6.75	\$ 6.75	\$	-	
Certificated Non-Management > 0.50fte	\$	6.75	\$ 6.75	\$	-	

## NOTES:

\*Above benefit chart is for MTA and CSEA members ONLY.

\*Confidential/Childcare Directors/Director of Buildings and Grounds: District CAP for health benefits is the Kaiser Single CAP of \$949.40, and Two-party contribution of \$1,046.54. Employer pays 100% of dental and vision premiums. District CAP is pro-rated for part-time employees.

\*Certificated Administrators (Principals/Directors): District CAP for health benefits is the Kaiser Single CAP of \$949.40 and employer pays 100% dental and vision premiums.

\*Classified Administrator (CBO): 100% of health is paid by employee and employer pays 100% of dental and vision premiums.