

2025 Certificated/Classified*/Management



2025 Employee Monthly Premiums *(Amount the employee pays)*

Rates include Delta Dental PPO, VSP vision plan, and group life insurance.

| Health Plan Options | Single | Two-Party | Family |
|---|------------|------------|------------|
| <i>Kaiser</i> | \$111.75 | \$207.88 | \$287.54 |
| UnitedHealthcare Plans | | | |
| <i>Performance HMO \$20 (Formaly Network 1)</i> | \$151.75 | \$296.88 | \$401.54 |
| <i>Harmony \$20</i> | \$73.75 | \$124.88 | \$157.54 |
| <i>Alliance HMO \$20 (Includes Scripps Clinic)</i> | \$230.75 | \$326.88 | \$432.54 |
| <i>Journey Harmony HMO With Deductible & HRA</i> | \$61.75 | \$68.88 | \$75.54 |
| <i>Journey Alliance HMO (Includes Scripps Clinic) With Deductible & HRA</i> | \$60.75 | \$76.88 | \$90.54 |
| <i>UMR NexusACO PPO</i> | \$1,158.71 | \$2,263.88 | \$3,159.54 |
| <i>Surest PPO (New plan for 2025)</i> | \$489.71 | \$922.88 | \$1,266.54 |

***Classified Monthly Rates** - (Classified employees with 12 Month or 209 Day Work Calendars)
Classified Employees who regularly receive twelve pay check will fall under these monthly rates.

Delta Dental Premier is closed to new enrollments

The Employee Premium for employees already enrolled in Delta Dental Premier is an additional \$35.18 monthly

2025 District Contributions *(This is the amount that the District contributes)*

| | Single | Two-Party | Family |
|-----------------|------------|-------------|-------------|
| <i>Monthly</i> | \$819.50 | \$1,524.33 | \$2,108.67 |
| <i>Annually</i> | \$9,834.00 | \$18,292.00 | \$25,304.00 |