

2025 HEALTH PREMIUMS

MEDICAL - KAISER

Level of Coverage	Total Monthly Premium	Employee Premium	
		Monthly	Per Paycheck
Employee Only	\$494.00	\$0	\$0
Employee + Spouse	\$1,085	\$113.00	\$56.50
Employee + Child(ren)	\$975	\$92.00	\$46.00
Family	\$1,674	\$226.00	\$113.00

MEDICAL – UNITED HEALTHCARE/UMR – PPO3

Level of Coverage	Total Monthly Premium	Employee Premium	
		Monthly	Per Paycheck
Employee Only	\$597.00	\$0	\$0
Employee + Spouse	\$1,312.00	\$207.00	\$103.50
Employee + Child(ren)	\$1,181.00	\$169.00	\$84.50
Family	\$2,145.00	\$444.00	\$222.00

Health Reimbursement Account (HRA)

Kaiser	
Individual	Family
50% of deductible and co-insurance expenses up to \$1,750	50% of deductible and co-insurance expenses up to \$3,500
Individual	Family
50% of deductible and co-insurance expenses up to \$1,500	50% of deductible and co-insurance expenses up to \$3,000

You must be enrolled in the District's medical plan to be eligible for the HRA.

2025 HEALTH PREMIUMS

DENTAL – Delta Dental

Level of Coverage	Total Monthly Premium	Employee Premium	
		Monthly	Per Paycheck
Employee Only	\$40.00	\$0	\$0
Employee + Spouse	\$83.00	\$8.00	\$4.00
Employee + Child(ren)	\$102.00	\$12.00	\$6.00
Family	\$138.00	\$19.00	\$9.50

Vision - VSP

Level of Coverage	Total Monthly Premium	Employee Premium	
		Monthly	Per Paycheck
Employee Only	\$8.00	\$0	\$0
Employee + Spouse	\$16.00	\$1.60	\$0.80
Employee + Child(ren)	\$17.00	\$1.80	\$0.90
Family	\$28.00	\$4.00	\$2.00