Health Insurance Premiums 7/1/2025 – 6/30/2026

UnitedHealthcare

In-Network	Base Plan	e Plan Comprehensive Plan	
Deductible (Individual/Family)	\$2,500/\$5,000	\$1,250/\$2,500	
Out-of-Pocket Maximum (Individual/Family)	\$10,000/\$20,000	\$5,000/\$10,000	

Monthly Premiums	Health Insurance Premiums for Full Time Employees and Educators		
Effective: July 1, 2025 through June 30, 2026	Employee Only	Employee + One Dependent*1	Employee + Family*1
Base Plan*2 Employee Contributions Employer Contributions Total Monthly Premium	\$ 31.00 (5%)	\$ 342.00 (25%)	\$ 463.00 (25%)
	\$589.00 (95%)	\$1,028.00 (75%)	\$1,388.00 (75%)
	\$620.00	\$1,370.00	\$1,851.00
Comprehensive Plan Employee Contributions Employer Contributions Total Monthly Premium	\$123.00 (15%)	\$ 455.00 (25%)	\$ 614.00 (25%)
	\$700.00 (85%)	\$1,363.00 (75%)	\$1,843.00 (75%)
	\$823.00	\$1,818.00	\$2,457.00

Monthly Premiums	Health Insurance Premiums for Part Time Employees (work 1000 hours or more per year) and Less than full Time Educators (work Half Time or more and less than Full Time)		
Effective: July 1, 2025 through June 30, 2026	Employee Only	Employee + One Dependent*1	Employee + Family*1
Base Plan*2			
Employee Contributions Employer Contributions Total Monthly Premium	\$248.00 (40%) \$372.00 (60%) \$620.00	\$ 685.00 (50%) \$ 685.00 (50%) \$1,370.00	\$ 925.00 (50%) \$ 926.00 (50%) \$1,851.00
Comprehensive Plan Employee Contributions Employer Contributions Total Monthly Premium	\$329.00 (40%) \$494.00 (60%) \$823.00	\$ 909.00 (50%) \$ 909.00 (50%) \$1,818.00	\$1,228.00 (50%) \$1,229.00 (50%) \$2,457.00

^{*1} Spousal Surcharge Fee of \$200 to the employee may be applicable.

^{*2} Annual Employer HSA Contribution of \$600 for Employee Only and \$1,200 for Employee + Dependent and Employee + Family, not included. This will be divided on a per pay period basis and billed to locations separately.