

# EMPLOYEE/DEPENDENT INSURANCE PREMIUM RATES

FISCAL YEAR 2025/2026

EFFECTIVE 7/1/2025 – 6/30/2026

United Health Care Choice Plus	Employee Monthly Premium	Seasonal Employees Per Pay Deduction (21 Pays)	12 Month Employees Per Pay Deduction (26 pays)	COBRA Monthly Premium
Employee Only	\$50.75	\$29.00	\$23.43	\$698.67
Employee + 1	\$670.65	\$383.23	\$309.54	\$1,397.35
Employee + 2/More	\$900.02	\$514.30	\$415.40	\$1,655.87
United Health Care Doctor's Plan	Employee Monthly Premium	Seasonal Employees Per Pay Deduction (21 Pays)	12 Month Employees Per Pay Deduction (26 pays)	COBRA Monthly Premium
Employee Only	\$0.00	\$0.00	\$0.00	\$652.33
Employee + 1	\$569.14	\$325.23	\$262.68	\$1,304.64
Employee + 2/More	\$779.74	\$445.57	\$359.88	\$1,546.01
United Health Care HDHP \$3,300	Employee Monthly Premium	Seasonal Employees Per Pay Deduction (21 pays)	12 Month Employees Per Pay Deduction (26 pays)	COBRA Monthly Premium
Employee Only	\$0.00	\$0.00	\$0.00	\$609.17
Employee + 1	\$513.45	\$293.40	\$236.98	\$1,218.35
Employee + 2/More	\$703.43	\$401.96	\$324.66	\$1,443.75
HSA District Contribution \$1,000 Annually/Prorated	\$83.34	\$47.62	\$38.47	N/A

Delta Dental Level I	Employee Monthly Premium	Seasonal Employees Per Pay Deduction (21 pays)	12 Month Employees Per Pay Deduction (26 pays)	COBRA Monthly Premium
Employee Only	\$20.00	\$11.43	\$9.24	\$23.79
Employee + 1	\$46.17	\$26.37	\$21.31	\$49.96
Employee + 2/More	\$75.91	\$43.38	\$35.04	\$79.70
Delta Dental Level III	Employee Monthly Premium	Seasonal Employees Per Pay Deduction (21 pays)	12 Month Employees Per Pay Deduction (26 pays)	COBRA Monthly Premium
Employee Only	\$30.00	\$17.15	\$13.85	\$41.01
Employee + 1	\$75.12	\$42.93	\$36.68	\$86.13
Employee + 2/More	\$126.39	\$72.23	\$58.34	\$137.40

VSP Voluntary Vision Level I-12/12/24	Employee Monthly Premium	Seasonal Employees Per Pay Deduction (21 pays)	12 Month Employees Per Pay Deduction (26 pays)	COBRA Monthly Premium
Employee Only	\$6.08	\$3.48	\$2.81	\$6.08
Employee + 1	\$12.17	\$6.96	\$5.62	\$12.17
Employee + 2/More	\$19.59	\$11.20	\$9.05	\$19.59
VSP Voluntary Vision Level II-12/12/12	Employee Monthly Premium	Seasonal Employees Per Pay Deduction (21 Pays)	12 Month Employees Per Pay Deduction 26 pays	COBRA Monthly Premium
Employee Only	\$11.78	\$6.74	\$5.44	\$11.78
Employee + 1	\$23.55	\$13.46	\$10.87	\$23.55
Employee + 2/More	\$37.92	\$21.67	\$17.51	\$37.92

These are the amounts per payday. You will have deductions for 26 paydays (12-month employees) or 21 paydays (all seasonal employees) for fiscal year 2025/2026. Payday amount = Monthly amount x 12 months/26 or 21 paydays. **The payday amounts will be different for mid-year hires/changes; payday amount will equal the monthly amount multiplied by the number of months from the effective date through 6/30/26 divided by the number of paydays left to deduct for fiscal year 2025/2026.**

COBRA is for continuation of benefits when an employee leaves the District's active medical and dental plans. Coverage will continue to be provided, but the employee will assume the entire monthly premium plus an additional 2% P&A administration fee; The District currently pays the premium amount for the employee's standard coverage. COBRA is provided through P&A, our third-party administrator. Your monthly premiums are due to P&A by their due date and coverage will be cancelled by P&A if not received on time. ASRS Retirees need to stop by the Benefits Office to complete a form to participate in the supplemental benefits plan.

Our medical plans are IRS Section 125 plans, which allow your deductions to be deducted pre-tax. Participation in Section 125 plans is on an annual basis. An employee is not allowed to change his/her election during the plan year. You will not be able to make changes to this plan year's election until the next annual open enrollment or during certain qualifying events. **All enrollments/cancellations must be processed within 31 days of the qualifying event.**