AUHSD BENEFIT PREMIUM RATES
Plan Year - October 1, 2025 to September 30, 2026

Single Coverage AUHSD Contribution Effective October 1, 2025	$ 1,086		
Health Plan	**Premium Rate**	**Employee Deduction**	**AUHSD HSA Contribution**
Kaiser Permanente	**1,086**	-	
Kaiser HSA	857	-	229
Anthem HMO Premier 10	1,203	117	
Anthem HMO Classic	1,121	35	
Anthem PPO 90-G $20	1,164	78	
Anthem PPO 80-G $20	1,068	-	
Anthem HSA	897	-	189
SISC Proactive Care Plan **(NEW PLAN)**	1,183	97	

2-Party Coverage AUHSD Contribution Effective October 1, 2025	$ 2,172		
Health Plan	**Premium Rate**	**Employee Deduction**	**AUHSD HSA Contribution**
Kaiser Permanente	**2,172**	-	
Kaiser HSA	1,715	-	457
Anthem HMO Premier 10	2,414	242	
Anthem HMO Classic	2,252	80	
Anthem PPO 90-G $20	2,335	163	
Anthem PPO 80-G $20	2,138	-	
Anthem HSA	1,796	-	376
SISC Proactive Care Plan **(NEW PLAN)**	2,383	211	

Family Coverage AUHSD Contribution Effective October 1, 2025	$ 2,824		
Health Plan	**Premium Rate**	**Employee Deduction**	**AUHSD HSA Contribution**
Kaiser Permanente	**2,824**	-	
Kaiser HSA	2,229	-	595
Anthem HMO Premier 10	3,134	310	
Anthem HMO Classic	2,922	98	
Anthem PPO 90-G $20	3,031	207	
Anthem PPO 80-G $20	2,774	-	
Anthem HSA	2,331	-	493
SISC Proactive Care Plan **(NEW PLAN)**	3,094	270	

Dental & Vision Plans Effective October 1, 2024		Employee Deduction
Delta Dental Incentive Plan-Wide Network	103.80	-
Delta Dental PPO Unlimited-Narrow Network	137.20	33.40
Vision Service Plan $ 0, $200 Frame	18.60	-

Based on 1.0 FTE