United HealthCare

Alvin ISD Healthcare Plans & Rates

2026-2027 Medical Premiums

Update 05/28/2026

Plans	Tier	26-27 Monthly Premium	26-27 Semi-Monthly Premium
EPO1700	Employee Only	$250.00	$125.00
	Employee & Spouse	$751.60	$375.80
	Employee & Child(ren)	$693.30	$346.65
	Employee & Family	$1,104.70	$552.35
	* Both District Employee	$330.00	$165.00
	* Both District Employee + Child(ren) FM	$780.20	$390.10
EPO2000 Broad	Employee Only	$515.00	$257.50
	Employee & Spouse	$951.80	$475.90
	Employee & Child(ren)	$850.80	$425.40
	Employee & Family	$1,318.10	$659.05
	* Both District Employee	$681.00	$340.50
	* Both District Employee + Child(ren) FM	$900.10	$450.05
2000 Kelsey Network	Employee Only	$280.00	$140.00
	Employee & Spouse	$703.00	$351.50
	Employee & Child(ren)	$651.00	$325.50
	Employee & Family	$1,015.00	$507.50
	* Both District Employee	$370.00	$185.00
	* Both District Employee + Child(ren) FM	$670.00	$335.00
2000 Memorial Hermann Network	Employee Only	$300.00	$150.00
	Employee & Spouse	$723.00	$361.50
	Employee & Child(ren)	$671.00	$335.50
	Employee & Family	$1,031.00	$515.50
	* Both District Employee	$411.00	$205.50
	* Both District Employee + Child(ren) FM	$701.00	$350.50
HSA3400 High Deductible Medical	Employee Only	$0.00	$0.00
	Employee & Spouse	$559.00	$279.50
	Employee & Child(ren)	$524.00	$262.00
	Employee & Family	$832.00	$416.00
	* Both District Employee + Child(ren) FM	$510.00	$255.00
HIB Hospital Indemnity Plan This is NOT Medical Insurance.	Employee Only Only qualified Employee can receive HIB benefit. Pays $150 per day everyday you are hospitalized. With HIB Participation you receive, FREE Core Dental, Vision & 50K Life Insurance. Must waive medical insurance to qualify for HIB		

**Both district employee rates are only available to an employee who's spouse works for Alvin ISD.*

Payroll deduction rate is after the District's contribution of $450.00 for healthcare per month.