United HealthCare

Alvin ISD Healthcare Plans & Rates

Group Number 914694 - Customer Service #1-866-633-2446

2026-2027 Premiums

updated 06/15/2026

Plans	Tier	26-27 Monthly Premium	26-27 Semi-Monthly Premium	18 Times Premium for Medical: 18 Pay for Sept 1 **OE**	18 Pay for Oct 1	18 Pays for Nov 1	18 Pays for Dec 1	18 Pays for Jan 1	18 Pays for Feb 1	18 Pays for Mar 1	18 Pays for Apr 1	18 Pays for May 1
				24 / 18	22 / 16	20 / 14	18 / 12	16 / 10	14 / 8	12 / 6	10 / 4	8 / 2
EPO1700	Employee Only	$250.00	$125.00	$166.67	$171.88	$178.57	$187.50	$200.00	$218.75	$250.00	$312.50	$500.00
	Employee & Spouse	$751.60	$375.80	$501.07	$516.73	$536.86	$563.70	$601.28	$657.65	$751.60	$939.50	$1,503.20
	Employee & Child(ren)	$693.30	$346.65	$462.20	$476.64	$495.21	$519.98	$554.64	$606.64	$693.30	$866.63	$1,386.60
	Employee & Family	$1,104.70	$552.35	$736.47	$759.48	$789.07	$828.53	$883.76	$966.61	$1,104.70	$1,380.88	$2,209.40
	* Both District Employee	$330.00	$165.00	$220.00	$226.88	$235.71	$247.50	$264.00	$288.75	$330.00	$412.50	$660.00
	* Both District Employee + Child(ren) FM	$780.20	$390.10	$520.13	$536.39	$557.29	$585.15	$624.16	$682.68	$780.20	$975.25	$1,560.40
EPO2000 Broad	Employee Only	$515.00	$257.50	$343.33	$354.06	$367.86	$386.25	$412.00	$450.63	$515.00	$643.75	$1,030.00
	Employee & Spouse	$951.80	$475.90	$634.53	$654.36	$679.86	$713.85	$761.44	$832.83	$951.80	$1,189.75	$1,903.60
	Employee & Child(ren)	$850.80	$425.40	$567.20	$584.93	$607.71	$638.10	$680.64	$744.45	$850.80	$1,063.50	$1,701.60
	Employee & Family	$1,318.10	$659.05	$878.73	$906.19	$941.50	$988.58	$1,054.48	$1,153.34	$1,318.10	$1,647.63	$2,636.20
	* Both District Employee	$681.00	$340.50	$454.00	$468.19	$486.43	$510.75	$544.80	$595.88	$681.00	$851.25	$1,362.00
	* Both District Employee + Child(ren) FM	$900.10	$450.05	$600.07	$618.82	$642.93	$675.08	$720.08	$787.59	$900.10	$1,125.13	$1,800.20
2000 Kelsey Network	Employee Only	$280.00	$140.00	$186.67	$192.50	$200.00	$210.00	$224.00	$245.00	$280.00	$350.00	$560.00
	Employee & Spouse	$703.00	$351.50	$468.67	$483.31	$502.14	$527.25	$562.40	$615.13	$703.00	$878.75	$1,406.00
	Employee & Child(ren)	$651.00	$325.50	$434.00	$447.56	$465.00	$488.25	$520.80	$569.63	$651.00	$813.75	$1,302.00
	Employee & Family	$1,015.00	$507.50	$676.67	$697.81	$725.00	$761.25	$812.00	$888.13	$1,015.00	$1,268.75	$2,030.00
	* Both District Employee	$370.00	$185.00	$246.67	$254.38	$264.29	$277.50	$296.00	$323.75	$370.00	$462.50	$740.00
	* Both District Employee + Child(ren) FM	$670.00	$335.00	$446.67	$460.63	$478.57	$502.50	$536.00	$586.25	$670.00	$837.50	$1,340.00
2000 Memorial Hermann Network	Employee Only	$300.00	$150.00	$200.00	$206.25	$214.29	$225.00	$240.00	$262.50	$300.00	$375.00	$600.00
	Employee & Spouse	$723.00	$361.50	$482.00	$497.06	$516.43	$542.25	$578.40	$632.63	$723.00	$903.75	$1,446.00
	Employee & Child(ren)	$671.00	$335.50	$447.33	$461.31	$479.29	$503.25	$536.80	$587.13	$671.00	$838.75	$1,342.00
	Employee & Family	$1,031.00	$515.50	$687.33	$708.81	$736.43	$773.25	$824.80	$902.13	$1,031.00	$1,288.75	$2,062.00
	* Both District Employee	$411.00	$205.50	$274.00	$282.56	$293.57	$308.25	$328.80	$359.63	$411.00	$513.75	$822.00
	* Both District Employee + Child(ren) FM	$701.00	$350.50	$467.33	$481.94	$500.71	$525.75	$560.80	$613.38	$701.00	$876.25	$1,402.00
HSA 3400 Health Savings Acct	Employee Only	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Employee & Spouse	$559.00	$279.50	$372.67	$384.31	$399.29	$419.25	$447.20	$489.13	$559.00	$698.75	$1,118.00
	Employee & Child(ren)	$524.00	$262.00	$349.33	$360.25	$374.29	$393.00	$419.20	$458.50	$524.00	$655.00	$1,048.00
	Employee & Family	$832.00	$416.00	$554.67	$572.00	$594.29	$624.00	$665.60	$728.00	$832.00	$1,040.00	$1,664.00
	* Both District Employee + Child(ren) FM	$510.00	$255.00	$340.00	$350.63	$364.29	$382.50	$408.00	$446.25	$510.00	$637.50	$1,020.00
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		$0.00									

**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.