

Employee Group Health Plan Contributions

CHAMP TITLES, INC. - 5257100

Printed on: 11/06/2025
 Pay Frequency: SemiMonthly
 Contribution Frequency: Per Paycheck
 Benefits Waiting Period: 0 Days
 Effective Date: 01/01/2025

Coverage Option	Employee Only	Emp+Spouse or Domestic Partner	Employee + One Child	Employee + Children	Employee + Family
National					
UnitedHealthcare Choice Plus 1000	\$107.72	\$383.77	\$287.86	\$287.86	\$589.57
UnitedHealthcare Choice Plus 1000 Nevada	\$107.72	\$383.77	\$287.86	\$287.86	\$589.57
UnitedHealthcare Choice Plus 1000 SC	\$107.72	\$383.77	\$287.86	\$287.86	\$589.57
UnitedHealthcare Choice Plus 1000 Texas	\$107.72	\$383.77	\$287.86	\$287.86	\$589.57
UnitedHealthcare Choice Plus 1500	\$77.02	\$317.81	\$228.12	\$228.12	\$492.51
UnitedHealthcare Choice Plus 1500 Nevada	\$77.02	\$317.81	\$228.12	\$228.12	\$492.51
UnitedHealthcare Choice Plus 1500 SC	\$77.02	\$317.81	\$228.12	\$228.12	\$492.51
UnitedHealthcare Choice Plus 1500 Texas	\$77.02	\$317.81	\$228.12	\$228.12	\$492.51
UnitedHealthcare Choice Plus 2500	\$53.80	\$273.86	\$186.24	\$186.24	\$426.15
UnitedHealthcare Choice Plus 2500 SC	\$53.80	\$273.86	\$186.24	\$186.24	\$426.15
UnitedHealthcare Choice Plus 2500 Texas	\$53.80	\$273.86	\$186.24	\$186.24	\$426.15
UnitedHealthcare Choice Plus 500 (80%)	\$113.52	\$397.86	\$300.71	\$300.71	\$611.13
UnitedHealthcare Choice Plus 500 (80%) Nevada	\$113.52	\$397.86	\$300.71	\$300.71	\$611.13
UnitedHealthcare Choice Plus 500 (80%) SC	\$113.52	\$397.86	\$300.71	\$300.71	\$611.13
UnitedHealthcare Choice Plus 500 (80%) Texas	\$113.52	\$397.86	\$300.71	\$300.71	\$611.13
UnitedHealthcare Choice Plus 6000	\$37.21	\$235.28	\$152.65	\$152.65	\$371.41
UnitedHealthcare Choice Plus 6000 Nevada	\$37.21	\$235.28	\$152.65	\$152.65	\$371.41
UnitedHealthcare Choice Plus 6000 SC	\$37.21	\$235.28	\$152.65	\$152.65	\$371.41
UnitedHealthcare Choice Plus 6000 Texas	\$37.21	\$235.28	\$152.65	\$152.65	\$371.41
UnitedHealthcare Primary Advantage CP 2000	\$41.77	\$246.90	\$163.84	\$163.84	\$387.99
UnitedHealthcare Primary Advantage CP 2000 Nevada	\$41.77	\$246.90	\$163.84	\$163.84	\$387.99
UnitedHealthcare Primary Advantage CP 2000 SC	\$41.77	\$246.90	\$163.84	\$163.84	\$387.99
UnitedHealthcare Primary Advantage CP 2000 Texas	\$41.77	\$246.90	\$163.84	\$163.84	\$387.99
UnitedHealthcare Primary Advantage CP 4500	\$27.25	\$215.79	\$135.64	\$135.64	\$341.54
UnitedHealthcare Primary Advantage CP 4500 Nevada	\$27.25	\$215.79	\$135.64	\$135.64	\$341.54
UnitedHealthcare Primary Advantage CP 4500 SC	\$27.25	\$215.79	\$135.64	\$135.64	\$341.54
UnitedHealthcare Primary Advantage CP 4500 Texas	\$27.25	\$215.79	\$135.64	\$135.64	\$341.54
UnitedHealthcare Primary Advantage CP 5000	\$22.83	\$173.89	\$96.65	\$96.65	\$278.50
UnitedHealthcare Primary Advantage CP 5000 Nevada	\$22.83	\$173.89	\$96.65	\$96.65	\$278.50
UnitedHealthcare Primary Advantage CP 5000 SC	\$22.83	\$173.89	\$96.65	\$96.65	\$278.50
UnitedHealthcare Primary Advantage CP 5000 Texas	\$22.83	\$173.89	\$96.65	\$96.65	\$278.50

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UnitedHealthcare Choice Plus HDHP 1700	\$94.03	\$355.56	\$260.90	\$260.90	\$545.60
UnitedHealthcare Choice Plus HDHP 1700 Nevada	\$94.03	\$355.56	\$260.90	\$260.90	\$545.60
UnitedHealthcare Choice Plus HDHP 1700 SC	\$94.03	\$355.56	\$260.90	\$260.90	\$545.60
UnitedHealthcare Choice Plus HDHP 1700 Texas	\$94.03	\$355.56	\$260.90	\$260.90	\$545.60
UnitedHealthcare Choice Plus HDHP 3400	\$37.62	\$236.53	\$155.13	\$155.13	\$373.89
UnitedHealthcare Choice Plus HDHP 3400 Nevada	\$37.62	\$236.53	\$155.13	\$155.13	\$373.89
UnitedHealthcare Choice Plus HDHP 3400 SC	\$37.62	\$236.53	\$155.13	\$155.13	\$373.89
UnitedHealthcare Choice Plus HDHP 3400 Texas	\$37.62	\$236.53	\$155.13	\$155.13	\$373.89
UnitedHealthcare Choice Plus HDHP 5000	\$22.62	\$167.26	\$90.84	\$90.84	\$271.44
UnitedHealthcare Choice Plus HDHP 5000 Nevada	\$22.62	\$167.26	\$90.84	\$90.84	\$271.44
UnitedHealthcare Choice Plus HDHP 5000 SC	\$22.62	\$167.26	\$90.84	\$90.84	\$271.44
UnitedHealthcare Choice Plus HDHP 5000 Texas	\$22.62	\$167.26	\$90.84	\$90.84	\$271.44
California HMOs					
Blue Shield of CA DHMO 1000 North	\$68.19	\$280.62	\$198.51	\$198.51	\$458.27
Blue Shield of CA DHMO 1000 South	\$4.47	\$146.68	\$77.25	\$77.25	\$258.90
Blue Shield of CA HMO North	\$150.41	\$446.08	\$349.25	\$349.25	\$708.34
Blue Shield of CA HMO South	\$47.98	\$235.06	\$157.41	\$157.41	\$394.56
Kaiser DHMO 1000 CA North	\$0.00	\$81.60	\$27.93	\$27.93	\$120.52
Kaiser DHMO 1000 CA South	\$0.00	\$1.45	\$0.00	\$0.00	\$0.00
Kaiser HMO CA North	\$14.41	\$178.54	\$116.99	\$116.99	\$258.23
Kaiser HMO CA South	\$0.00	\$76.12	\$10.80	\$10.80	\$82.50
UHC Signature Value HMO CA North	\$189.46	\$537.54	\$452.70	\$452.70	\$770.00
UHC Signature Value HMO CA South	\$60.66	\$274.12	\$206.75	\$206.75	\$395.25
UHC Signature Value Harmony DHMO 1000 CA North	\$0.00	\$89.14	\$34.78	\$34.78	\$131.13
UHC Signature Value Harmony DHMO 1000 CA South	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UHC Signature Value Harmony DHMO 2000 CA North	\$0.00	\$32.27	\$0.00	\$0.00	\$49.61
UHC Signature Value Harmony DHMO 2000 CA South	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser HMO HDHP 3400 CA North	\$0.00	\$29.19	\$0.00	\$0.00	\$44.82
Kaiser HMO HDHP 3400 CA South	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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Coverage Option	Employee Only	Emp+Spouse or Domestic Partner	Employee + One Child	Employee + Children	Employee + Family
Hawaii					
HMSA BlueCross BlueShield of Hawaii HMO	\$6.53	\$223.42	\$95.06	\$95.06	\$300.70
Kaiser HMO Hawaii	\$0.00	\$74.06	\$7.03	\$6.93	\$131.82
UnitedHealthcare Options PPO	\$144.21	\$459.25	\$355.03	\$355.03	\$701.96
Massachusetts					
HPHC Access America 1000	\$107.72	\$383.77	\$287.86	\$287.86	\$589.57
HPHC Access America 1500	\$77.02	\$317.81	\$228.12	\$228.12	\$492.51
HPHC Access America 500 (80%)	\$113.52	\$397.86	\$300.71	\$300.71	\$611.13
HPHC DHMO 1000 MA	\$40.45	\$244.32	\$159.81	\$159.81	\$351.75
HPHC DHMO 2000 MA	\$14.41	\$188.82	\$111.51	\$111.51	\$275.35
HPHC HMO MA	\$101.08	\$369.34	\$273.88	\$273.88	\$532.96
HPHC Access America HDHP 1700	\$94.03	\$355.56	\$260.90	\$260.90	\$545.60
HPHC Access America HDHP 3400	\$37.62	\$236.53	\$155.13	\$155.13	\$373.89
HPHC HMO HDHP 3400 MA	\$0.00	\$57.28	\$0.00	\$0.00	\$108.53
National Out-of-Area (Indemnity)					
UnitedHealthcare Out-of-Area 500	\$144.21	\$459.25	\$355.03	\$355.03	\$701.96
UnitedHealthcare Out-of-Area HDHP 1700	\$94.03	\$355.56	\$260.90	\$260.90	\$545.60
UnitedHealthcare Out-of-Area HDHP 3400	\$37.62	\$236.53	\$155.13	\$155.13	\$373.89
UnitedHealthcare Out-of-Area HDHP 5000	\$22.62	\$167.26	\$90.84	\$90.84	\$271.44
Dental and Vision					
UnitedHealthcare Dental PPO 50	\$13.75	\$39.75	\$40.75	\$40.75	\$59.88

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CHAMP TITLES, INC. **HOURLY** - 5257101

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Coverage Option	Employee Only	Emp+Spouse or Domestic Partner	Employee + One Child	Employee + Children	Employee + Family
National					
UnitedHealthcare Choice Plus 1000	\$107.72	\$383.77	\$287.86	\$287.86	\$589.57
UnitedHealthcare Choice Plus 1000 Nevada	\$107.72	\$383.77	\$287.86	\$287.86	\$589.57
UnitedHealthcare Choice Plus 1000 SC	\$107.72	\$383.77	\$287.86	\$287.86	\$589.57
UnitedHealthcare Choice Plus 1000 Texas	\$107.72	\$383.77	\$287.86	\$287.86	\$589.57
UnitedHealthcare Choice Plus 1500	\$77.02	\$317.81	\$228.12	\$228.12	\$492.51
UnitedHealthcare Choice Plus 1500 Nevada	\$77.02	\$317.81	\$228.12	\$228.12	\$492.51
UnitedHealthcare Choice Plus 1500 SC	\$77.02	\$317.81	\$228.12	\$228.12	\$492.51
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UnitedHealthcare Primary Advantage CP 2000	\$41.77	\$246.90	\$163.84	\$163.84	\$387.99
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UHC Signature Value Harmony DHMO 2000 CA North	\$0.00	\$32.27	\$0.00	\$0.00	\$49.61
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Kaiser HMO HDHP 3400 CA North	\$0.00	\$29.19	\$0.00	\$0.00	\$44.82
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Dental and Vision					
UnitedHealthcare Dental PPO 50	\$13.75	\$39.75	\$40.75	\$40.75	\$59.88

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Coverage Option	Employee Only	Emp+Spouse or Domestic Partner	Employee + One Child	Employee + Children	Employee + Family
1650 Deductible HDHP (1700 in 2026)	\$600.00	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00
3300 Deductible HDHP (3400 in 2026)	\$600.00	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00
5000 Deductible - HDHP	\$600.00	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00
HPHC HMO HDHP MA	\$600.00	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00
Kaiser HMO HDHP CA North	\$600.00	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00
Kaiser HMO HDHP CA South	\$600.00	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00

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3300 Deductible HDHP (3400 in 2026)	\$600.00	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00
5000 Deductible - HDHP	\$600.00	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00
HPHC HMO HDHP MA	\$600.00	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00
Kaiser HMO HDHP CA North	\$600.00	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00
Kaiser HMO HDHP CA South	\$600.00	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00

Notes

This document reflects the Insperity Group Health Plan contribution amounts in effect as of the date this document was printed.

Employees who are in an annul open enrollment period should refer to the open enrollment version of this document for the contribution amounts applicable to open enrollment period elections.

The contribution amounts are reflected on either a per pay period or monthly basis, as indicated above under 'Contribution Frequency'. If the 'Contribution Frequency' displayed is 'monthly', employees who want to know the contribution amount based on pay frequency should request the 'per pay period' version of this document. Amounts are subject to change and this document is not a guarantee that the contribution amounts reflected will remain in place for the full coverage period.

Eligibility for Insperity Group Health Plan coverage is subject to satisfaction of the waiting period indicated above (if any). The availability of coverage options is based on the employee's zip code. For information on which options are available, employees can refer to the online benefits enrollment tool (if they are in an enrollment period) or call the Insperity Contact Center at 866-715-3552.

Report ID: 18689391