

CUSD RETIREE MONTHLY PREMIUM RATE CHART January 1 – December 31, 2022
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ANTHEM HMO (California Care)

Single under 65	\$ 865.18
Single w/ Medicare A & B	\$ 760.16
2-party both under 65	\$ 1,811.87
2-party both w/ Medicare	\$ 1,520.28
2-party 1 w/ Medicare & 1 under 65	\$ 1,711.20

ANTHEM PPO PRUDENT BUYER (closed for new enrollment)

Single under 65	\$ 1,168.12
Single w/ Medicare A & B	\$ 713.23
2-party both under 65	\$ 2,351.03
2-party both w/ Medicare A & B	\$ 1,497.78
2-party 1 w/ Medicare & 1 under 65	\$ 1,881.35

ANTHEM DEDUCTIBLE HMO PLAN

Single under 65	\$ 696.95
Single w/ Medicare A & B	\$ 612.34
2-party (subscriber + 1 dependent)	\$ 1,439.14
2-party both w/ Medicare A & B	\$ 1,224.64
Family (subscriber + 2 or more dependents)	\$ 2,083.31

KAISER HMO

Single	\$ 648.27
2-party (subscriber + 1 dependent)	\$ 1,296.53
Family (subscriber + 2 or more dependents)	\$ 1,834.59

**Senior Advantage (SRA) mandatory for 65 and older. Requires Medicare A & B & Kaiser approval*

Single w/ SRA *	\$ 291.12
2-party subscriber + spouse both w/ SRA *	\$ 582.24
2-party subscriber w/ SRA + spouse under 65 *	\$ 939.38
2-party subscriber under 65 + spouse w/ SRA *	\$ 939.39

KAISER DEDUCTIBLE HMO PLAN

Single under 65	\$ 568.22
2-party (subscriber + 1 dependent)	\$ 1,136.44
Family (subscriber + 2 or more dependents)	\$ 1,608.05
Single SRA*	\$ 291.12
2-party subscriber + spouse both w/ SRA*	\$ 582.24

TAGCO/HARTFORD (Requires Medicare A & B)

Single	\$ 549.15
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DELTACARE HMO DENTAL

\$ 54.49

DELTA DENTAL LOW COST PLAN

Single	\$ 42.65
2-party (subscriber + 1 dependent)	\$ 83.16
Family (subscriber + 2 or more dependents)	\$ 130.17

DELTA PPO PREMIER DENTAL

Single	\$ 77.54
2-party (subscriber + 1 dependent)	\$ 151.20
Family (subscriber + 2 or more dependents)	\$ 237.65

VISION SERVICE PLAN

Single	\$ 7.16
2-party (subscriber + 1 dependent)	\$ 14.33
Family (subscriber + 2 or more dependents)	\$ 23.07