



RETIREE HEALTH INSURANCE RATES

Rates for Kaiser Medicare Advantage and UHC Medicare Advantage Effective January 1, 2022 - December 31, 2022

All Other Rates Effective July 1, 2022 - June 30, 2023

KAISER HMO SIGNATURE			
Level of Coverage	Total Monthly Premium	School Board Contribution*	Retiree Contribution
Retiree Only	\$ 650.44	\$ 265.00	\$ 385.44
Dependent of Retiree	\$ 650.44	-	\$ 650.44
Retiree plus One	\$ 1,247.36	\$ 265.00	\$ 982.36
Retiree plus Family	\$ 1,732.39	\$ 265.00	\$ 1,467.39

KAISER MEDICARE ADVANTAGE Effective 1/1/2021 - 12/31/2021			
Level of Coverage	Total Monthly Premium	School Board Contribution*	Retiree Contribution
Retiree Only	\$ 246.36	\$ 246.36	-
Dependent of Retiree	\$ 246.36	-	\$ 246.36

UNITED HEALTHCARE CHOICE PLUS - POS			
Level of Coverage	Total Monthly Premium	School Board Contribution*	Retiree Contribution
Retiree Only	\$ 834.16	\$ 265.00	\$ 569.16
Dependent of Retiree	\$ 834.16	-	\$ 834.16
Retiree plus One	\$ 1,602.02	\$ 265.00	\$ 1,337.02
Retiree plus Family	\$ 2,225.81	\$ 265.00	\$ 1,960.81

UNITED HEALTHCARE MEDICARE ADVANTAGE Effective 1/1/2021 - 12/31/2021			
Level of Coverage	Total Monthly Premium	School Board Contribution*	Retiree Contribution
Retiree Only	\$ 349.67	\$ 265.00	\$ 84.67
Dependent of Retiree	\$ 349.67	-	\$ 349.67

CAREFIRST BLUEDENTAL PLUS			
Level of Coverage	Total Monthly Premium	School Board Contribution	Retiree Contribution
Retiree Only	\$ 44.79	-	\$ 44.79
Dependent of Retiree	\$ 44.79	-	\$ 44.79
Retiree plus One	\$ 72.97	-	\$ 72.97
Retiree plus Family	\$ 117.45	-	\$ 117.45

EYEMED VISION			
Level of Coverage	Total Monthly Premium	School Board Contribution	Retiree Contribution
Retiree Only	\$ 6.34	-	\$ 6.34
Dependent of Retiree	\$ 6.34	-	\$ 6.34
Retiree plus One	\$ 12.05	-	\$ 12.05
Retiree plus Family	\$ 17.70	-	\$ 17.70

* School Board contribution maximum amount is \$265 per month. School Board contributions vary based on date of hire and years of service at retirement.