

CUSD RETIREE MONTHLY PREMIUM RATE CHART

January 1 – December 31, 2023

ANTHEM HMO (California Care)

Single under 65	\$ 969.00
Single w/ Medicare A & B	\$ 851.38
2-party both under 65	\$ 2,029.29
2-party both w/ Medicare	\$ 1,702.71
2-party 1 w/ Medicare & 1 under 65	\$ 1,916.54

ANTHEM PPO PRUDENT BUYER (closed to new enrollment)

Single under 65	\$ 1,488.18
Single w/ Medicare A & B	\$ 908.66
2-party both under 65	\$ 2,995.21
2-party both w/ Medicare A & B	\$ 1,908.17
2-party 1 w/ Medicare & 1 under 65	\$ 2,396.84

ANTHEM DEDUCTIBLE HMO PLAN

Single under 65	\$ 780.58
Single w/ Medicare A & B	\$ 685.82
2-party (subscriber + 1 dependent)	\$ 1,611.84
2-party both w/ Medicare A & B	\$ 1,371.60

KAISER HMO

Single	\$ 745.09
2-party (subscriber + 1 dependent)	\$ 1,490.16

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

Single w/ SRA *	\$ 254.48
2-party subscriber + spouse both w/ SRA *	\$ 508.95
2-party subscriber w/ SRA + spouse under 65 *	\$ 999.55
2-party subscriber under 65 + spouse w/ SRA *	\$ 999.56

KAISER DEDUCTIBLE HMO PLAN

Single under 65	\$ 653.03
2-party (subscriber + 1 dependent)	\$ 1,306.05
Single SRA*	\$ 254.48
2-party subscriber + spouse both w/ SRA*	\$ 508.95

TAGCO/HARTFORD (Requires Medicare A & B & must see Medicare providers only)

Single	\$ 575.76
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DELTACARE HMO DENTAL (one rate)

\$ 54.49

DELTA DENTAL LOW COST PLAN

Single	\$ 40.52
2-party (subscriber + 1 dependent)	\$ 79.00
Family (subscriber + 2 or more dependents)	\$ 123.66

DELTA PPO PREMIER DENTAL

Single	\$ 76.14
2-party (subscriber + 1 dependent)	\$ 148.48
Family (subscriber + 2 or more dependents)	\$ 233.37

VISION SERVICE PLAN

Single	\$ 7.44
2-party (subscriber + 1 dependent)	\$ 14.90
Family (subscriber + 2 or more dependents)	\$ 23.99