

**CUSD HEALTH & WELFARE MONTHLY PREMIUM RATES**  
**Effective January 1 - December 31, 2023**

PLAN TYPE	ACTIVE EMPLOYEE & LOA	COBRA w/ 2% adm fee
<b>Anthem HMO (California Care)</b>		
Single	\$ 969.00	\$ 988.38
2-Party (Subscriber + 1 dependent)	\$ 2,029.29	\$ 2,069.88
Family (Subscriber + 2 or more dependents)	\$ 2,896.68	\$ 2,954.61
<b>Anthem PPO Prudent Buyer (closed to new enrollment)</b>		
Single	\$ 1,488.18	\$ 1,517.94
2-Party (Subscriber + 1 dependent)	\$ 2,995.21	\$ 3,055.11
Family (Subscriber + 2 or more dependents)	\$ 4,211.59	\$ 4,295.82
<b>Anthem Deductible HMO</b>		
Single	\$ 780.58	\$ 796.19
2-Party (Subscriber + 1 dependent)	\$ 1,611.84	\$ 1,644.08
Family (Subscriber + 2 or more dependents)	\$ 2,333.31	\$ 2,379.98
<b>Kaiser HMO</b>		
Single	\$ 745.09	\$ 759.99
2-Party (Subscriber + 1 dependent)	\$ 1,490.16	\$ 1,519.96
Family (Subscriber + 2 or more dependents)	\$ 2,108.57	\$ 2,150.74
<b>Kaiser Deductible HMO</b>		
Single	\$ 653.03	\$ 666.09
2-Party (Subscriber + 1 dependent)	\$ 1,306.05	\$ 1,332.17
Family (Subscriber + 2 or more dependents)	\$ 1,848.05	\$ 1,885.01
<b>DeltaCare HMO Dental (one rate only)</b>	\$ 54.49	\$ 55.58
<b>Delta Dental Low Cost Plan</b>		
Single	\$ 40.52	\$ 41.33
2-Party (Subscriber + 1 dependent)	\$ 79.00	\$ 80.58
Family (Subscriber + 2 or more dependents)	\$ 123.66	\$ 126.13
<b>Delta PPO Premier Dental</b>		
Single	\$ 76.14	\$ 77.66
2-Party (Subscriber + 1 dependent)	\$ 148.48	\$ 151.45
Family (Subscriber + 2 or more dependents)	\$ 233.37	\$ 238.04
<b>Vision Service Plan</b>		
Single	\$ 7.44	\$ 7.59
2-Party (Subscriber + 1 dependent)	\$ 14.90	\$ 15.20
Family (Subscriber + 2 or more dependents)	\$ 23.99	\$ 24.47
<b>Group Term Life Insurance (includes Accidental Death &amp; Dismemberment for employee only)</b>		
Single	\$ 13.39	na
Family (Employee with Dependents)	\$ 13.99	na

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**HEALTH SAVINGS ACCOUNT (HSA)**

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**Kaiser HSA \$1,800**

Single	\$ 612.56
2-Party (Subscriber + 1 dependent)	\$ 1,225.12
Family (Subscriber + 2 or more dependents)	\$ 1,733.55

**Kaiser HAS \$2,500**

Single	\$ 517.54
2-Party (Subscriber + 1 dependent)	\$ 1,035.08
Family (Subscriber + 2 or more dependents)	\$ 1,464.64

**Anthem HSA \$1,500**

Single	\$ 1,058.49
2-Party (Subscriber + 1 dependent)	\$ 2,130.30
Family (Subscriber + 2 or more dependents)	\$ 2,995.47

**Anthem HSA w/ \$3,000**

Single	\$ 949.08
2-Party (Subscriber + 1 dependent)	\$ 1,910.11
Family (Subscriber + 2 or more dependents)	\$ 2,685.56