



RETIREE HEALTH INSURANCE RATES

Rates for Kaiser Medicare Advantage and UHC Medicare Advantage Effective January 1, 2023 - December 31, 2023

All Other Rates Effective July 1, 2023 - June 30, 2024

KAISER HMO SIGNATURE			
Level of Coverage	Total Monthly Premium	School Board Contribution*	Retiree Contribution
Retiree Only	\$ 663.93	\$ 265.00	\$ 398.93
Dependent of Retiree	\$ 663.93	\$ -	\$ 663.93
Retiree plus One	\$ 1,273.21	\$ 265.00	\$ 1,008.21
Retiree plus Family	\$ 1,768.30	\$ 265.00	\$ 1,503.30

KAISER MEDICARE ADVANTAGE Effective 1/1/2023 - 12/31/2023			
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	\$ 864.19	\$ 265.00	\$ 599.19
Dependent of Retiree	\$ 864.19	\$ -	\$ 864.19
Retiree plus One	\$ 1,659.69	\$ 265.00	\$ 1,394.69
Retiree plus Family	\$ 2,305.94	\$ 265.00	\$ 2,040.94

UNITED HEALTHCARE MEDICARE ADVANTAGE Effective 1/1/2023 - 12/31/2023			
Level of Coverage	Total Monthly Premium	School Board Contribution*	Retiree Contribution
Retiree Only	\$ 358.41	\$ 265.00	\$ 93.41
Dependent of Retiree	\$ 358.41	\$ -	\$ 358.41

CAREFIRST BLUEDENTAL PLUS			
Level of Coverage	Total Monthly Premium	School Board Contribution	Retiree Contribution
Retiree Only	\$ 46.87	\$ -	\$ 46.87
Dependent of Retiree	\$ 46.87	\$ -	\$ 46.87
Retiree plus One	\$ 76.36	\$ -	\$ 76.36
Retiree plus Family	\$ 122.90	\$ -	\$ 122.90

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.