ORANGE UNIFIED SCHOOL DISTRICT

Risk Management

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www.orangeusd.org

2023 CERTIFICATED EMPLOYEE RATES

Rates shown are deducted on a 10thly basis

PERS (ANTHEM PPO)	**PLATINUM W/ PPO DENTAL**	**GOLD W/ PPO DENTAL**
SINGLE	$502	$118
2 PARTY	$987	$219
FAMILY	$1342	$344

ANTHEM BLUE CROSS HMO	**SELECT W/ HMO DENTAL**	**SELECT W/ PPO DENTAL**	**TRADITIONAL W/ HMO DENTAL**	**TRADITIONAL W/ PPO DENTAL**
SINGLE	$167	$202	$371	$406
2 PARTY	$315	$386	$724	$795
FAMILY	$454	$561	$986	$1092

BLUE SHIELD HMO	**ACCESS+ W/ HMO DENTAL**	**ACCESS+ W/ PPO DENTAL**	**TRIO W/ HMO DENTAL**	**TRIO W/ PPO DENTAL**
SINGLE	$260	$295	$161	$196
2 PARTY	$501	$572	$304	$375
FAMILY	$696	$803	$440	$546

HEALTH NET HMO	**SALUD Y MAS W/ HMO DENTAL**	**SALUD Y MAS W/ PPO DENTAL**	**SMARTCARE W/ HMO DENTAL**	**SMARTCARE W/ PPO DENTAL**
SINGLE	$87	$122	$250	$285
2 PARTY	$155	$226	$482	$553
FAMILY	$246	$353	$671	$778

KAISER PERMANENTE HMO	**KAISER W/ HMO DENTAL**	**KAISER W/ PPO DENTAL**
SINGLE	$156	$191
2 PARTY	$293	$364
FAMILY	$426	$532

UNITEDHEALTHCARE HMO	**SIGNATUREVALUE ALLIANCE W/ HMO DENTAL**	**SIGNATUREVALUE ALLIANCE W/ PPO DENTAL**	**SIGNATUREVALUE HARMONY W/ HMO DENTAL**	**SIGNATUREVALUE HARMONY W/ PPO DENTAL**
SINGLE	$201	$236	$186	$222
2 PARTY	$383	$454	$354	$425
FAMILY	$543	$649	$505	$612

Based on 2023 Calendar Year Healthcare Premiums
Less District's 2023 Maximum Annual Contribution

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