

**CUSD RETIREE MONTHLY PREMIUM RATE CHART**  
**January 1 – December 31, 2024**

<b>ALIGNMENT HEALTH THRU RETIREEFIRST (for 65 years old and older)</b>	
Per member	\$ 275.00
 <b>KAISER HMO</b>	
Single	\$ 928.88
2-party (subscriber + 1 dependent)	\$ 1,857.74
<i>*Senior Advantage (SRA) mandatory for 65 and older. Requires Medicare A &amp; B &amp; Kaiser approval</i>	
Single w/ SRA *	\$ 295.31
2-party subscriber + spouse both w/ SRA *	\$ 590.61
2-party subscriber w/ SRA + spouse under 65 *	\$ 1,224.17
2-party subscriber under 65 + spouse w/ SRA *	\$ 1,224.18
 <b>KAISER DEDUCTIBLE HMO PLAN</b>	
Single under 65	\$ 814.04
2-party (subscriber + 1 dependent)	\$ 1,628.07
Single SRA*	\$ 295.31
2-party subscriber + spouse both w/ SRA*	\$ 690.61
 <b>KAISER HEALTH SAVINGS ACCOUNT 1800</b>	
Single under 65	\$ 763.74
2-party (subscriber + 1 dependent)	\$ 1,527.48
Single SRA*	\$ 294.57
2-party subscriber + spouse both w/ SRA*	\$ 589.14
 <b>KAISER HEALTH SAVINGS ACCOUNT 2500</b>	
Single under 65	\$ 645.20
2-party (subscriber + 1 dependent)	\$ 1,290.40
Single SRA*	\$ 294.57
2-party subscriber + spouse both w/ SRA*	\$ 589.14
 <b>SUTTER HEALTH PLUS SUMMIT ML81 HMO (for under 65 years old only)</b>	
Single	\$ 828.00
2-party (subscriber + 1 dependent)	\$ 1,656.00
Single	
 <b>SUTTER HEALTH PLUS PEAK ML85 HMO (for under 65 years old only)</b>	
Single	\$ 750.60
2-party (subscriber + 1 dependent)	\$ 1,501.20
 <b>UNITEDHEALTHCARE \$15 HMO HARMONY (for under 65 years old only)</b>	
Single	\$ 1,103.07
2-party (subscriber + 1 dependent)	\$ 2,310.06
 <b>UNITEDHEALTHCARE \$20 HMO HARMONY (for under 65 years old only)</b>	
Single	\$ 1,033.07
2-party (subscriber + 1 dependent)	\$ 2,163.47
 <b>UNITEDHEALTHCARE PPO (for grandfathered subscribers and under 65 years old only)</b>	
Single	\$ 1,346.00
2-party (subscriber + 1 dependent)	\$ 2,818.81
 <b>DELTACARE HMO DENTAL (one rate)</b>	\$ 54.49
 <b>DELTA DENTAL LOW COST PLAN</b>	
Single	\$ 40.52
2-party (subscriber + 1 dependent)	\$ 79.00
Family (subscriber + 2 or more dependents)	\$ 123.66
 <b>DELTA PPO PREMIER DENTAL</b>	
Single	\$ 76.14
2-party (subscriber + 1 dependent)	\$ 148.48
Family (subscriber + 2 or more dependents)	\$ 233.37
 <b>VISION SERVICE PLAN</b>	
Single	\$ 7.44
2-party (subscriber + 1 dependent)	\$ 14.90
Family (subscriber + 2 or more dependents)	\$ 23.99