

CUSD HEALTH & WELFARE MONTHLY PREMIUM RATES
Effective January 1 - December 31, 2024

PLAN TYPE	ACTIVE EMPLOYEE & LOA	COBRA w/ 2% adm fee
Kaiser HMO		
Single	\$ 928.88	\$ 947.46
2-Party (Subscriber + 1 dependent)	\$ 1,857.74	\$ 1,894.89
Family (Subscriber + 2 or more dependents)	\$ 2,628.69	\$ 2,681.26
Kaiser Deductible HMO		
Single	\$ 814.04	\$ 830.32
2-Party (Subscriber + 1 dependent)	\$ 1,628.07	\$ 1,660.63
Family (Subscriber + 2 or more dependents)	\$ 2,303.71	\$ 2,349.78
Kaiser Health Savings Account 1800		
Single	\$ 763.74	\$ 779.01
2-Party (Subscriber + 1 dependent)	\$ 1,527.48	\$ 1,558.03
Family (Subscriber + 2 or more dependents)	\$ 2,161.39	\$ 2,204.62
Kaiser Health Savings Account 2500		
Single	\$ 645.20	\$ 658.10
2-Party (Subscriber + 1 dependent)	\$ 1,290.40	\$ 1,316.21
Family (Subscriber + 2 or more dependents)	\$ 1,825.92	\$ 1,862.44
Sutter Health Plus Summit ML81 HMO		
Single	\$ 828.00	\$ 844.56
2-Party (Subscriber + 1 dependent)	\$ 1,656.00	\$ 1,689.12
Family (Subscriber + 2 or more dependents)	\$ 2,343.20	\$ 2,390.06
Sutter Health Plus Peak ML85 HMO		
Single	\$ 750.60	\$ 765.61
2-Party (Subscriber + 1 dependent)	\$ 1,501.20	\$ 1,531.24
Family (Subscriber + 2 or more dependents)	\$ 2,124.10	\$ 2,166.58
Unitedhealthcare \$15 HMO Harmony		
Single	\$ 1,103.07	\$ 1,125.13
2-Party (Subscriber + 1 dependent)	\$ 2,310.06	\$ 2,356.26
Family (Subscriber + 2 or more dependents)	\$ 3,297.46	\$ 3,363.41
Unitedhealthcare \$20 HMO Harmony		
Single	\$ 1,033.07	\$ 1,053.73
2-Party (Subscriber + 1 dependent)	\$ 2,163.47	\$ 2,206.74
Family (Subscriber + 2 or more dependents)	\$ 3,088.21	\$ 3,149.97

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Unitedhealthcare PPO Select Plus		
Single	\$ 1,346.00	\$ 1,372.92
2-Party (Subscriber + 1 dependent)	\$ 2,818.81	\$ 2,875.19
Family (Subscriber + 2 or more dependents)	\$ 4,023.66	\$ 4,104.13
Unitedhealthcare Health Savings Account		
Single	\$ 969.30	\$ 988.69
2-Party (Subscriber + 1 dependent)	\$ 2,029.92	\$ 2,070.52
Family (Subscriber + 2 or more dependents)	\$ 2,897.58	\$ 2,955.53
DeltaCare HMO Dental (one rate only)	\$ 54.49	\$ 55.58
Delta Dental Low Cost Plan		
Single	\$ 40.52	\$ 41.33
2-Party (Subscriber + 1 dependent)	\$ 79.00	\$ 80.58
Family (Subscriber + 2 or more dependents)	\$ 123.66	\$ 126.13
Delta PPO Premier Dental		
Single	\$ 76.14	\$ 77.66
2-Party (Subscriber + 1 dependent)	\$ 148.48	\$ 151.45
Family (Subscriber + 2 or more dependents)	\$ 233.37	\$ 238.04
Vision Service Plan		
Single	\$ 7.44	\$ 7.59
2-Party (Subscriber + 1 dependent)	\$ 14.90	\$ 15.20
Family (Subscriber + 2 or more dependents)	\$ 23.99	\$ 24.47
Group Term Life Insurance (includes Accidental Death & Dismemberment for employee only)		
Single	\$ 13.39	na
Family (Employee with Dependents)	\$ 13.99	na