ORANGE UNIFIED SCHOOL DISTRICT

Risk Management

1401 North Handy Street - Orange, CA 92867-4334 Phone: 714.628.5390

LEADERSHIP RETIREE MONTHLY RATES FOR LIFETIME AND OPTION B UNDER 65 Rates include medical, dental, and vision Valid: 10/01/2024 - 09/30/2025		
ANTHEM BLUE CROSS LARGER NETWORK PPO	**HIGH (90/10) PPO PLAN W/ PPO DENTAL**	**LOW (80/20) PPO PLAN W/ PPO DENTAL**
SINGLE	$406	$276
2 PARTY	$809	$542
FAMILY	$1116	$765
ANTHEM BLUE CROSS LARGER NETWORK HMO	**CALIFORNIACARE W/ HMO DENTAL**	**CALIFORNIACARE W/ PPO DENTAL**
SINGLE	$177	$209
2 PARTY	$340	$403
FAMILY	$489	$583
ANTHEM BLUE CROSS LARGE NETWORK HMO	**SELECT W/ HMO DENTAL**	**SELECT W/ PPO DENTAL**
SINGLE	$123	$155
2 PARTY	$231	$294
FAMILY	$346	$440
ANTHEM BLUE CROSS NARROW NETWORK HMO	**VIVITY W/ HMO DENTAL**	**VIVITY W/ PPO DENTAL**
SINGLE	$130	$162
2 PARTY	$244	$307
FAMILY	$363	$457
KAISER PERMANENTE	**KAISER W/ HMO DENTAL**	**KAISER W/ PPO DENTAL**
SINGLE	$243	$275
2 PARTY	$471	$534
FAMILY	$651	$745

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LEADERSHIP RETIREE MONTHLY RATES FOR LIFETIME AND OPTION B For a combination of retiree and dependent(s) over 65/Medicare and under 65 Rates include medical, dental, and vision Valid: 10/01/2024 - 09/30/2025		
ANTHEM BLUE CROSS LARGER NETWORK PPO	**HIGH (90/10) + MEDICARE PLAN W/ PPO DENTAL**	**LOW (80/20) + MEDICARE PLAN W/ PPO DENTAL**
1 over 65 and 1 under 65	$212	$82
1 over 65 and 2 under 65	$915	$648
1 over 65 and 3 under 65	$1116	$765
2 over 65 and 1 under 65	$318	$188
ANTHEM BLUE CROSS LARGER NETWORK HMO	**CALIFORNIACARE + MEDICARE PLAN W/ HMO DENTAL**	**CALIFORNIACARE + MEDICARE PLAN W/ PPO DENTAL**
1 over 65 and 1 under 65	$0	$15
1 over 65 and 2 under 65	$415	$509
1 over 65 and 3 under 65	$489	$583
2 over 65 and 1 under 65	$27	$121
ANTHEM BLUE CROSS LARGE NETWORK HMO	**SELECT + MEDICARE PLAN W/ HMO DENTAL**	**SELECT + MEDICARE PLAN W/ PPO DENTAL**
1 over 65 and 1 under 65	$0	$0
1 over 65 and 2 under 65	$306	$400
1 over 65 and 3 under 65	$346	$440
2 over 65 and 1 under 65	$0	$67
ANTHEM BLUE CROSS NARROW NETWORK HMO	**VIVITY + MEDICARE PLAN W/ HMO DENTAL**	**VIVITY + MEDICARE PLAN W/ PPO DENTAL**
1 over 65 and 1 under 65	$0	$0
1 over 65 and 2 under 65	$319	$413
1 over 65 and 3 under 65	$363	$457
2 over 65 and 1 under 65	$0	$74
KAISER PERMANENTE	**KAISER + KAISER SENIOR ADVANTAGE W/ HMO DENTAL**	**KAISER + KAISER SENIOR ADVANTAGE W/ PPO DENTAL**
1 over 65 and 1 under 65	$0	$0
2 over 65 and 1 under 65	$0	$0
1 over 65 and 2+ under 65	$0	$88

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LEADERSHIP RETIREE MONTHLY RATES FOR LIFETIME OVER 65/MEDICARE Rates include medical, dental, and vision Valid: 10/01/2024 - 09/30/2025		
ANTHEM BLUE CROSS	**COMPANIONCARE MEDICARE SUPPLEMENT WITH RX W/ PPO DENTAL**	
SINGLE	$0	
2 PARTY	$0	
KAISER PERMANENTE	**SENIOR ADVANTAGE W/ HMO DENTAL**	**SENIOR ADVANTAGE W/ PPO DENTAL**
SINGLE	$0	$0
2 PARTY	$0	$0

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LEADERSHIP RETIREE MONTHLY RATES FOR BRIDGE UNDER 65 Rates include medical, dental, and vision Valid: 10/01/2024 - 09/30/2025		
ANTHEM BLUE CROSS LARGER NETWORK PPO	**HIGH (90/10) PPO PLAN W/ PPO DENTAL**	**LOW (80/20) PPO PLAN W/ PPO DENTAL**
SINGLE	$406	$276
2 PARTY	$1475	$1208
FAMILY	$2146	$1795
ANTHEM BLUE CROSS LARGER NETWORK HMO	**CALIFORNIACARE W/ HMO DENTAL**	**CALIFORNIACARE W/ PPO DENTAL**
SINGLE	$177	$209
2 PARTY	$1006	$1069
FAMILY	$1519	$1613
ANTHEM BLUE CROSS LARGE NETWORK HMO	**SELECT W/ HMO DENTAL**	**SELECT W/ PPO DENTAL**
SINGLE	$123	$155
2 PARTY	$897	$960
FAMILY	$1376	$1470
ANTHEM BLUE CROSS NARROW NETWORK HMO	**VIVITY W/ HMO DENTAL**	**VIVITY W/ PPO DENTAL**
SINGLE	$130	$162
2 PARTY	$910	$973
FAMILY	$1393	$1487
KAISER PERMANENTE	**KAISER W/ HMO DENTAL**	**KAISER W/ PPO DENTAL**
SINGLE	$243	$275
2 PARTY	$1137	$1200
FAMILY	$1681	$1775

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LEADERSHIP RETIREE MONTHLY RATES FOR BRIDGE For a combination of retiree and dependent(s) over 65/Medicare and under 65 Rates include medical, dental, and vision Valid: 10/01/2024 - 09/30/2025		
ANTHEM BLUE CROSS LARGER NETWORK PPO	**HIGH (90/10) + MEDICARE PLAN W/ PPO DENTAL**	**LOW (80/20) + MEDICARE PLAN W/ PPO DENTAL**
1 over 65 and 1 under 65	$878	$748
1 over 65 and 2 under 65	$1945	$1678
1 over 65 and 3 under 65	$2146	$1795
2 over 65 and 1 under 65	$1348	$1218
ANTHEM BLUE CROSS LARGER NETWORK HMO	**CALIFORNIACARE + MEDICARE PLAN W/ HMO DENTAL**	**CALIFORNIACARE + MEDICARE PLAN W/ PPO DENTAL**
1 over 65 and 1 under 65	$618	$681
1 over 65 and 2 under 65	$1445	$1539
1 over 65 and 3 under 65	$1519	$1613
2 over 65 and 1 under 65	$1057	$1151
ANTHEM BLUE CROSS LARGER NETWORK PPO	**SELECT + MEDICARE PLAN W/ HMO DENTAL**	**SELECT + MEDICARE PLAN W/ PPO DENTAL**
1 over 65 and 1 under 65	$564	$627
1 over 65 and 2 under 65	$1336	$1430
1 over 65 and 3 under 65	$1376	$1470
2 over 65 and 1 under 65	$1003	$1097
ANTHEM BLUE CROSS NARROW NETWORK HMO	**VIVITY + MEDICARE PLAN W/ HMO DENTAL**	**VIVITY + MEDICARE PLAN W/ PPO DENTAL**
1 over 65 and 1 under 65	$571	$634
1 over 65 and 2 under 65	$1349	$1443
1 over 65 and 3 under 65	$1393	$1487
2 over 65 and 1 under 65	$1010	$1104
KAISER PERMANENTE	**KAISER + KAISER SENIOR ADVANTAGE W/ HMO DENTAL**	**KAISER + KAISER SENIOR ADVANTAGE W/ PPO DENTAL**
1 over 65 and 1 under 65	$480	$543
2 over 65 and 1 under 65	$393	$487
1 over 65 and 2+ under 65	$1024	$1118

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