ORANGE UNIFIED SCHOOL DISTRICT

Risk Management

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

CLASSIFIED RETIREE MONTHLY RATES FOR LIFETIME AND 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	$389	$259
2 PARTY	$779	$512
FAMILY	$1450	$1099
ANTHEM BLUE CROSS LARGER NETWORK HMO	**CALIFORNIACARE W/ HMO DENTAL**	**CALIFORNIACARE W/ PPO DENTAL**
SINGLE	$161	$192
2 PARTY	$310	$373
FAMILY	$823	$917
ANTHEM BLUE CROSS LARGE NETWORK HMO	**SELECT W/ HMO DENTAL**	**SELECT W/ PPO DENTAL**
SINGLE	$107	$138
2 PARTY	$201	$264
FAMILY	$680	$774
ANTHEM BLUE CROSS NARROW NETWORK HMO	**VIVITY W/ HMO DENTAL**	**VIVITY W/ PPO DENTAL**
SINGLE	$114	$145
2 PARTY	$214	$277
FAMILY	$697	$791
KAISER PERMANENTE	**KAISER W/ HMO DENTAL**	**KAISER W/ PPO DENTAL**
SINGLE	$227	$258
2 PARTY	$441	$504
FAMILY	$985	$1079

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CLASSIFIED RETIREE MONTHLY RATES FOR LIFETIME AND 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	$182	$52
1 over 65 and 2 under 65	$1249	$982
1 over 65 and 3 under 65	$1450	$1099
2 over 65 and 2 under 65	$1313	$1060
2 over 65 and 1 under 65	$652	$522
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	$0
1 over 65 and 2 under 65	$737	$843
1 over 65 and 3 under 65	$823	$917
2 over 65 and 1 under 65	$361	$455
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	$628	$734
1 over 65 and 3 under 65	$680	$774
2 over 65 and 1 under 65	$307	$401
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	$641	$747
1 over 65 and 3 under 65	$697	$791
2 over 65 and 1 under 65	$314	$408
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	$328	$422

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CLASSIFIED 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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CLASSIFIED RETIREE MONTHLY RATES FOR EARLY INCENTIVE RETIREES 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	$389	$259
2 PARTY	$1458	$1191
FAMILY	$2129	$1778
ANTHEM BLUE CROSS LARGER NETWORK HMO	**CALIFORNIACARE W/ HMO DENTAL**	**CALIFORNIACARE W/ PPO DENTAL**
SINGLE	$161	$192
2 PARTY	$989	$1052
FAMILY	$1502	$1596
ANTHEM BLUE CROSS LARGE NETWORK HMO	**SELECT W/ HMO DENTAL**	**SELECT W/ PPO DENTAL**
SINGLE	$107	$138
2 PARTY	$880	$943
FAMILY	$1359	$1453
	.	
ANTHEM BLUE CROSS NARROW NETWORK HMO	**VIVITY W/ HMO DENTAL**	**VIVITY W/ PPO DENTAL**
SINGLE	$114	$145
2 PARTY	$893	$956
FAMILY	$1376	$1470
KAISER PERMANENTE	**KAISER W/ HMO DENTAL**	**KAISER W/ PPO DENTAL**
SINGLE	$227	$258
2 PARTY	$1120	$1183
FAMILY	$1664	$1758

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CLASSIFIED RETIREE MONTHLY RATES FOR EARLY INCENTIVE RETIREES
For a retiree under 65 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	$861	$731
1 over 65 and 2 under 65	$1928	$1661
1 over 65 and 3 under 65	$2129	$1778
2 over 65 and 1 under 65	$1331	$1201

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	$601	$664
1 over 65 and 2 under 65	$1416	$1522
1 over 65 and 3 under 65	$1502	$1596
2 over 65 and 1 under 65	$1040	$1134

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	$547	$610
1 over 65 and 2 under 65	$1307	$1413
1 over 65 and 3 under 65	$1359	$1453
2 over 65 and 1 under 65	$986	$1080

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	$554	$617
1 over 65 and 2 under 65	$1320	$1426
1 over 65 and 3 under 65	$1376	$1470
2 over 65 and 1 under 65	$993	$1087

KAISER PERMANENTE	KAISER + KAISER SENIOR ADVANTAGE W/ HMO DENTAL	KAISER + KAISER SENIOR ADVANTAGE W/ PPO DENTAL
1 over 65 and 1 under 65	$463	$526
2 over 65 and 1 under 65	$376	$470
1 over 65 and 2+ under 65	$1007	$1101

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