

CUSD HEALTH & WELFARE MONTHLY PREMIUM RATES
Effective January 1 - December 31, 2025

PLAN TYPE	ACTIVE EMPLOYEE & LOA	COBRA w/ 2% adm fee
Kaiser HMO		
Single	\$ 922.49	\$ 940.94
2-Party (Subscriber + 1 dependent)	\$ 1,844.96	\$ 1,881.86
Family (Subscriber + 2 or more dependents)	\$ 2,610.62	\$ 2,662.83
Kaiser Deductible HMO		
Single	\$ 808.44	\$ 824.61
2-Party (Subscriber + 1 dependent)	\$ 1,616.86	\$ 1,649.20
Family (Subscriber + 2 or more dependents)	\$ 2,287.86	\$ 2,333.62
Kaiser Health Savings Account 1800		
Single	\$ 758.49	\$ 773.66
2-Party (Subscriber + 1 dependent)	\$ 1,516.97	\$ 1,547.31
Family (Subscriber + 2 or more dependents)	\$ 2,146.52	\$ 2,189.45
Kaiser Health Savings Account 2500		
Single	\$ 640.77	\$ 653.59
2-Party (Subscriber + 1 dependent)	\$ 1,281.52	\$ 1,307.15
Family (Subscriber + 2 or more dependents)	\$ 1,813.36	\$ 1,849.63
Sutter Health Plus Summit ML81 HMO		
Single	\$ 910.20	\$ 928.40
2-Party (Subscriber + 1 dependent)	\$ 1,820.40	\$ 1,856.81
Family (Subscriber + 2 or more dependents)	\$ 2,575.70	\$ 2,627.21
Sutter Health Plus Peak ML85 HMO		
Single	\$ 825.20	\$ 841.70
2-Party (Subscriber + 1 dependent)	\$ 1,650.40	\$ 1,683.41
Family (Subscriber + 2 or more dependents)	\$ 2,335.10	\$ 2,381.80
UnitedHealthcare \$15 HMO Harmony		
Single	\$ 1,020.04	\$ 1,040.44
2-Party (Subscriber + 1 dependent)	\$ 2,109.00	\$ 2,151.18
Family (Subscriber + 2 or more dependents)	\$ 3,002.31	\$ 3,062.36
UnitedHealthcare \$20 HMO Harmony		
Single	\$ 980.01	\$ 999.61
2-Party (Subscriber + 1 dependent)	\$ 2,024.27	\$ 2,064.76
Family (Subscriber + 2 or more dependents)	\$ 2,879.59	\$ 2,937.18

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UnitedHealthcare PPO Select Plus		
Single	\$ 1,519.79	\$ 1,550.19
2-Party (Subscriber + 1 dependent)	\$ 3,182.76	\$ 3,246.42
Family (Subscriber + 2 or more dependents)	\$ 4,543.18	\$ 4,634.04
UnitedHealthcare Health Savings Account		
Single	\$ 1,129.23	\$ 1,151.81
2-Party (Subscriber + 1 dependent)	\$ 2,364.85	\$ 2,412.15
Family (Subscriber + 2 or more dependents)	\$ 3,375.67	\$ 3,443.18
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	\$ 14.02	na
Family (Employee with Dependents)	\$ 14.62	na