2025 CUSD Health Benefits Rate Sheet
Pending Board Approval

RETIREE MEDICAL PLAN OPTIONS

Employee Only

Employee Only Retiree's less than 65 Yrs old/ W/O Medicare	2024 Calendar Yr. Premium	District Contribution Cap	Retiree's Annual Premium Cost	***Monthly Preimium Cost Retiree 12 months***			12 mo CUSD Cost	*12 month rate for coverage*	12 mo rate to purch addt'nl
PPO 25	17,856.00	***13,577.38***	4,278.62	***356.55***			***1,131.45***	***1,488.00***	
PPO 40	13,536.00	***13,536.00***	0.00	***0.00***			***1,128.00***	***1,128.00***	
PPO 60	11,436.00	***11,436.00***	0.00	***0.00***			***953.00***	***953.00***	
PPO Select	9,780.00	***9,780.00***	0.00	***0.00***			***815.00***	***815.00***	
Trio HMO	12,924.00	***12,924.00***	0.00	***0.00***			***1,077.00***	***1,077.00***	

Employee +1

Employee +1 Retiree's less than 65 Yrs old/ W/O Medicare	2024 Calendar Yr. Premium	District Contribution Cap	Retiree's Annual Premium Cost	***Monthly Preimium Cost Retiree 12 months***			12 mo CUSD Cost	*12 month rate for coverage*	12 mo rate to purch addt'nl
PPO 25	35,664.00	***19,628.54***	16,035.46	***1,336.29***			***1,635.71***	***2,972.00***	1,840.55
PPO 40	27,060.00	***19,628.54***	7,431.46	***619.29***			***1,635.71***	***2,255.00***	1,127.00
PPO 60	22,764.00	***19,628.54***	3135.46	***261.29***			***1,635.71***	***1,897.00***	944
PPO Select	19,488.00	***19,488.00***	0.00	***0.00***			***1,624.00***	***1,624.00***	809
Trio HMO	27,840.00	***19,628.54***	8,211.46	***684.29***			***1,635.71***	***2,320.00***	1,243.00

Full Family

Full Family Retiree's less than 65 Yrs old/ W/O Medicare	2024 Calendar Yr. Premium	District Contribution Cap	Retiree's Annual Premium Cost	***Monthly Preimium Cost Retiree 12 months***			12 mo CUSD Cost	*12 month rate for coverage*	12 mo rate to purch addt'nl
PPO 25	46,320.00	***23,949.25***	22,370.75	***1,864.23***			***1,995.77***	***3,860.00***	2,728.55
PPO 40	35,148.00	***23,949.25***	11,198.75	***933.23***			***1,995.77***	***2,929.00***	1,801.00
PPO 60	29,604.00	***23,949.25***	5,654.75	***471.23***			***1,995.77***	***2,467.00***	1,514.00
PPO Select	25,332.00	***23,949.25***	1,382.75	***115.23***			***1,995.77***	***2,111.00***	1,296.00
Trio HMO	34,392.00	***23,949.25***	10,442.75	***870.23***			***1,995.77***	***2,866.00***	1,789.00

ACTIVE AND RETIRED EMPLOYEES DENTAL PLAN

All Groups & Retirees	2024 Calendar Yr. Premium	CUSD Contribution Cap	Employee's (EE) Annual Cost	**11 month deduction Employee**	***11 mo deduction CUSD***	***12 mo deduction for EE***	12 mo deduction CUSD	12 month rate for coverage	12 mo rate to purch addt'nl
Employee	708.00	708.00	-				***59.00***	***59.00***	
Employee + 1	1,284.00	1,284.00	-				***107.00***	***107.00***	52.36
Full Family	2,112.00	2,112.00	-				***176.00***	***176.00***	127.64

ACTIVE AND RETIRED EMPLOYEES VISION PLAN

All Groups & Retirees	2024 Calendar Yr. Premium	CUSD Contribution Cap	Employee's (EE) Annual Cost	**11 month deduction Employee**	***11 mo deduction CUSD***	***12 mo deduction for EE***	12 mo deduction CUSD	12 month rate for coverage	12 mo rate to purch addt'nl
Employee	144.00	144.00	-				***12.00***	***12.00***	
Employee + 1	204.00	204.00	-				***17.00***	***17.00***	5.45
Full Family	360.00	360.00	-				***30.00***	***30.00***	19.64

Disclaimer: Rates may adjust based on an employee who starts late or terminates early within the plan year.