

2025 CUSD Health Benefits Rate Sheet
Pending Board Approval

ACTIVE EMPLOYEES MEDICAL PLAN OPTIONS									
Employee Only									
Employee Only	2025 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 combined EE & ER	11 mo rate to purch add'tnl
PPO 25	17,892.00	13,577.38	4,314.62	392.24	1,234.31	359.55	1,131.45	1,491	-
PPO 40	13,572.00	13,572.00	0.00	0.00	1,233.82	0.00	1,131	1,131	-
PPO 60	11,472.00	11,472.00	0.00	0.00	1,042.91	0.00	956	956	-
PPO Select	9,816.00	9,816.00	0.00	0.00	892.36	0.00	818	818	-
Trio HMO	12,960.00	12,960.00	0.00	0.00	1,178.18	0.00	1,080	1,080	-
Employee +1									
Employee +1	2025 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 combined EE & ER	11 mo rate to purch add'tnl
PPO 25	35,700.00	19,628.54	16,071.46	1,461.04	1,784.41	1,339.29	1,635.71	2,975	2,011.15
PPO 40	27,096.00	19,628.54	7,467.46	678.86	1,784.41	622.29	1,635.71	2,258	1,229.45
PPO 60	22,800.00	19,628.54	3,171.46	288.31	1,784.41	264.29	1,635.71	1,900	1,029.82
PPO Select	19,524.00	19,524.00	0.00	0.00	1,774.91	0.00	1,627.00	1,627	882.55
Trio HMO	27,876.00	19,628.54	8,247.46	749.77	1,784.41	687.29	1,635.71	2,323	1,356.00
Full Family									
Full Family	2025 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 combined EE & ER	11 mo rate to purch add'tnl
PPO 25	46,356.00	23,949.25	22,406.75	2,036.98	2,177.20	1,867.23	1,995.77	3,863	2,979.87
PPO 40	35,184.00	23,949.25	11,234.75	1,021.34	2,177.20	936.23	1,995.77	2,932	1,964.73
PPO 60	29,640.00	23,949.25	5,690.75	517.34	2,177.20	474.23	1,995.77	2,470	1,651.64
PPO Select	25,368.00	23,949.25	1,418.75	128.98	2,177.20	118.23	1,995.77	2,114	1,413.82
Trio HMO	34,428.00	23,949.25	10,478.75	952.62	2,177.20	873.23	1,995.77	2,869	1,951.64
ACTIVE EMPLOYEES MEDICAL EXPENSE REIMBURSEMENT HEALTH PLAN OPTION									
Complete Care Active Employees All Groups	SEE FLYER FOR QUALIFICATION \$514 Per Month 100% District Paid Co-pays, deductibles, and co-insurance reimbursed by CompleteCare up to \$9,200/single and \$18,400 family per year								
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	11 mo rate to purch add'tnl
Employee	708	708	0.00				59	59	
Employee + 1	1,284.00	1,284.00	0.00				107	107	52.36
Full Family	2,112.00	2,112.00	0.00				176	176	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	11 mo rate to purch add'tnl
Employee	144	144	0.00				12	12	
Employee + 1	204	204	0.00				17	17	5.45
Full Family	360	360	0.00				30	30	19.64

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