



## RETIREE HEALTH INSURANCE RATES

Rates for Kaiser Medicare Advantage and UHC Medicare Advantage Effective January 1, 2024 - December 31, 2024

All Other Rates Effective July 1, 2024 - June 30, 2025

| KAISER HMO SIGNATURE |                       |                            |                      |
|----------------------|-----------------------|----------------------------|----------------------|
| Level of Coverage    | Total Monthly Premium | School Board Contribution* | Retiree Contribution |
| Retiree Only         | \$ 677.21             | \$ 265.00                  | \$ 412.21            |
| Dependent of Retiree | \$ 677.21             | \$ -                       | \$ 677.21            |
| Retiree plus One     | \$ 1,298.69           | \$ 265.00                  | \$ 1,033.69          |
| Retiree plus Family  | \$ 1,803.68           | \$ 265.00                  | \$ 1,538.68          |

| KAISER MEDICARE ADVANTAGE<br>Effective 1/1/2024 - 12/31/2024 |                       |                            |                      |
|--|-----------------------|----------------------------|----------------------|
| Level of Coverage  | Total Monthly Premium | School Board Contribution* | Retiree Contribution |
| Retiree Only   | \$ 262.13             | \$ 262.13                  | \$ -                 |
| Dependent of Retiree   | \$ 262.13             | \$ -                       | \$ 262.13            |

| UNITED HEALTHCARE<br>CHOICE PLUS - POS |                       |                            |                      |
|--|-----------------------|----------------------------|----------------------|
| Level of Coverage                      | Total Monthly Premium | School Board Contribution* | Retiree Contribution |
| Retiree Only                           | \$ 864.19             | \$ 265.00                  | \$ 599.19            |
| Dependent of Retiree                   | \$ 864.19             | \$ -                       | \$ 864.19            |
| Retiree plus One                       | \$ 1,659.69           | \$ 265.00                  | \$ 1,394.69          |
| Retiree plus Family                    | \$ 2,305.94           | \$ 265.00                  | \$ 2,040.94          |

| UNITED HEALTHCARE<br>MEDICARE ADVANTAGE<br>Effective 1/1/2024 - 12/31/2024 |                       |                            |                      |
|--|-----------------------|----------------------------|----------------------|
| Level of Coverage  | Total Monthly Premium | School Board Contribution* | Retiree Contribution |
| Retiree Only   | \$ 372.75             | \$ 265.00                  | \$ 107.75            |
| Dependent of Retiree   | \$ 372.75             | \$ -                       | \$ 372.75            |

| CAREFIRST BLUE DENTAL PLUS |                       |                           |                      |
|----------------------------|-----------------------|---------------------------|----------------------|
| Level of Coverage          | Total Monthly Premium | School Board Contribution | Retiree Contribution |
| Retiree Only               | \$ 46.87              | \$ -                      | \$ 46.87             |
| Dependent of Retiree       | \$ 46.87              | \$ -                      | \$ 46.87             |
| Retiree plus One           | \$ 76.36              | \$ -                      | \$ 76.36             |
| Retiree plus Family        | \$ 122.90             | \$ -                      | \$ 122.90            |

| EYEMED VISION        |                       |                           |                      |
|----------------------|-----------------------|---------------------------|----------------------|
| Level of Coverage    | Total Monthly Premium | School Board Contribution | Retiree Contribution |
| Retiree Only         | \$ 6.34               | \$ -                      | \$ 6.34              |
| Dependent of Retiree | \$ 6.34               | \$ -                      | \$ 6.34              |
| Retiree plus One     | \$ 12.05              | \$ -                      | \$ 12.05             |
| Retiree plus Family  | \$ 17.70              | \$ -                      | \$ 17.70             |

\* School Board contribution maximum amount is \$265 per month. School Board contributions vary based on date of hire and years of service at retirement.