



RETIREE HEALTH INSURANCE RATES

Rates for Kaiser Medicare Advantage and UHC Medicare Advantage Effective January 1, 2025- December 31, 2025

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			
Effective 1/1/2024 - 12/31/2024			
Level of Coverage	Total Monthly Premium	School Board Contribution*	Retiree Contribution
Retiree Only	\$ 275.24	\$ 265.00	\$ 10.24
Dependent of Retiree	\$ 275.24	-	\$ 275.24

UNITED HEALTHCARE 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 MEDICARE ADVANTAGE			
Effective 1/1/2025- 12/31/2025			
Level of Coverage	Total Monthly Premium	School Board Contribution*	Retiree Contribution
Retiree Only	\$ 488.50	\$ 265.00	\$ 223.50
Dependent of Retiree	\$ 488.50	-	\$ 488.50

CAREFIRST BLUEDENTAL 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.