

CUSD RETIREE MONTHLY PREMIUM RATE CHART
January 1 – December 31, 2025

ALIGNMENT HEALTH THRU RETIREEFIRST (for 65 years old and older)	
Per member	\$ 299.75
 KAISER HMO	
Single	\$ 922.49
2-party (subscriber + 1 dependent)	\$ 1,844.96
<i>*Senior Advantage (SRA) mandatory for 65 and older. Requires Medicare A & B & Kaiser approval</i>	
Single w/ SRA *	\$ 322.71
2-party subscriber + spouse both w/ SRA *	\$ 645.40
2-party subscriber w/ SRA + spouse under 65 *	\$ 1,245.18
2-party subscriber under 65 + spouse w/ SRA *	\$ 1,245.18
 KAISER DEDUCTIBLE HMO PLAN	
Single under 65	\$ 808.44
2-party (subscriber + 1 dependent)	\$ 1,616.86
Single SRA*	\$ 322.71
2-party subscriber + spouse both w/ SRA*	\$ 632.71
 KAISER HEALTH SAVINGS ACCOUNT 1800	
Single under 65	\$ 758.49
2-party (subscriber + 1 dependent)	\$ 1,516.97
Single SRA*	\$ 321.98
2-party subscriber + spouse both w/ SRA*	\$ 631.98
 KAISER HEALTH SAVINGS ACCOUNT 2500	
Single under 65	\$ 640.77
2-party (subscriber + 1 dependent)	\$ 1,281.52
Single SRA*	\$ 321.98
2-party subscriber + spouse both w/ SRA*	\$ 631.98
 SUTTER HEALTH PLUS SUMMIT ML81 HMO (for under 65 years old only)	
Single	\$ 910.20
2-party (subscriber + 1 dependent)	\$ 1,820.40
Single	
 SUTTER HEALTH PLUS PEAK ML85 HMO (for under 65 years old only)	
Single	\$ 825.20
2-party (subscriber + 1 dependent)	\$ 1,650.40
 UNITEDHEALTHCARE \$15 HMO HARMONY (for under 65 years old only)	
Single	\$ 1,020.04
2-party (subscriber + 1 dependent)	\$ 2,109.00
 UNITEDHEALTHCARE \$20 HMO HARMONY (for under 65 years old only)	
Single	\$ 980.01
2-party (subscriber + 1 dependent)	\$ 2,024.27
 UNITEDHEALTHCARE PPO (for grandfathered subscribers and under 65 years old only)	
Single	\$ 1,519.79
2-party (subscriber + 1 dependent)	\$ 3,182.76
 DELTACARE HMO DENTAL (one rate)	\$ 54.49
 DELTA DENTAL LOW COST PLAN	
Single	\$ 40.52
2-party (subscriber + 1 dependent)	\$ 79.00
Family (subscriber + 2 or more dependents)	\$ 123.66
 DELTA PPO PREMIER DENTAL	
Single	\$ 76.14
2-party (subscriber + 1 dependent)	\$ 148.48
Family (subscriber + 2 or more dependents)	\$ 233.37
 VISION SERVICE PLAN	
Single	\$ 7.44
2-party (subscriber + 1 dependent)	\$ 14.90
Family (subscriber + 2 or more dependents)	\$ 23.99