ORANGE UNIFIED SCHOOL DISTRICT

Risk Management

1401 North Handy Street - Orange, CA 92867-4334 Phone: 714.628.5390

2024 CLASSIFIED EMPLOYEE RATES

EMPLOYEE-ONLY DISTRICT PAID BENEFIT

Rates shown are deducted on a 10thly basis

ANTHEM BLUE CROSS LARGER NETWORK PPO	HIGH (90/10) PLAN W/ PPO DENTAL	LOW (80/20) PLAN W/ PPO DENTAL
SINGLE	$406	$258
2 PARTY	$1624	$1321
FAMILY	$2391	$1994
ANTHEM BLUE CROSS LARGER NETWORK HMO	**CALIFORNIACARE W/ HMO DENTAL**	**CALIFORNIACARE W/ PPO DENTAL**
SINGLE	$146	$181
2 PARTY	$1094	$1165
FAMILY	$1681	$1787
ANTHEM BLUE CROSS LARGE NETWORK HMO	**SELECT W/ HMO DENTAL**	**SELECT W/ PPO DENTAL**
SINGLE	$86	$121
2 PARTY	$969	$1040
FAMILY	$1518	$1624
ANTHEM BLUE CROSS NARROW NETWORK HMO	**VIVITY W/ HMO DENTAL**	**VIVITY W/ PPO DENTAL**
SINGLE	$72	$107
2 PARTY	$938	$1009
FAMILY	$1478	$1585
KAISER PERMANENTE	**KAISER W/ HMO DENTAL**	**KAISER W/ PPO DENTAL**
SINGLE	$218	$253
2 PARTY	$1238	$1309
FAMILY	$1857	$1964

Based on 2024 Calendar Year Premiums
Based on 2024 Approved District Caps
This Rate Sheet is based on Employee-Only District Contribution.

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