ORANGE UNIFIED SCHOOL DISTRICT

Risk Management

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

CLASSIFIED RETIREE MONTHLY RATES FOR LIFETIME AND BRIDGE UNDER 65 Rates include medical, dental, and vision Valid: 10/01/2025 - 09/30/2026		
ANTHEM BLUE CROSS LARGER NETWORK PPO	**HIGH (90/10) PPO PLAN W/ PPO DENTAL**	**LOW (80/20) PPO PLAN W/ PPO DENTAL**
SINGLE	$389	$251
2 PARTY	$778	$493
FAMILY	$1494	$1121
ANTHEM BLUE CROSS LARGER NETWORK HMO	**CALIFORNIACARE W/ HMO DENTAL**	**CALIFORNIACARE W/ PPO DENTAL**
SINGLE	$152	$185
2 PARTY	$291	$357
FAMILY	$844	$943
ANTHEM BLUE CROSS LARGE NETWORK HMO	**SELECT W/ HMO DENTAL**	**SELECT W/ PPO DENTAL**
SINGLE	$95	$128
2 PARTY	$173	$239
FAMILY	$690	$789
ANTHEM BLUE CROSS NARROW NETWORK HMO	**VIVITY W/ HMO DENTAL**	**VIVITY W/ PPO DENTAL**
SINGLE	$95	$128
2 PARTY	$174	$240
FAMILY	$690	$789
KAISER PERMANENTE	**KAISER W/ HMO DENTAL**	**KAISER W/ PPO DENTAL**
SINGLE	$222	$255
2 PARTY	$432	$498
FAMILY	$1017	$1116

***Based on 10/2025 Calendar Year SISC Premiums and
Board Approved District Caps Effective 10/01/2025***

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CLASSIFIED RETIREE MONTHLY RATES FOR LIFETIME AND BRIDGE - COMBINATION

A combination of retiree and dependent(s) over 65 in Medicare and under 65

Rates include medical, dental, and vision

Medicare Advantage + Part D RX Rates Are Effective: January 1 - December 31

ANTHEM BLUE CROSS LARGER NETWORK PPO	HIGH (90/10) + OUSD MAPD W/ PPO DENTAL	LOW (80/20) + OUSD MAPD W/ PPO DENTAL
1 over 65 and 1 under 65	$31	$0
1 over 65 and 2 under 65	$1171	$886
1 over 65 and 3 under 65	$1494	$1121
2 over 65 and 1 under 65	$424	$286

ANTHEM BLUE CROSS LARGER NETWORK HMO	HIGH (90/10) + COMPANIONCARE W/ PPO DENTAL
2 over 65 and 1 under 65	$682

ANTHEM BLUE CROSS LARGER NETWORK HMO	CALIFORNIACARE + OUSD MAPD W/ HMO DENTAL	CALIFORNIACARE + OUSD MAPD W/ PPO DENTAL
1 over 65 and 1 under 65	$0	$0
1 over 65 and 2 under 65	$639	$750
1 over 65 and 3 under 65	$844	$943
2 over 65 and 1 under 65	$121	$220

ANTHEM BLUE CROSS LARGE NETWORK HMO	SELECT + OUSD MAPD W/ HMO DENTAL	SELECT + OUSD MAPD W/ PPO DENTAL
1 over 65 and 1 under 65	$0	$0
1 over 65 and 2 under 65	$521	$632
1 over 65 and 3 under 65	$690	$789
2 over 65 and 1 under 65	$64	$163

ANTHEM BLUE CROSS NARROW NETWORK HMO	VIVITY + OUSD MAPD W/ HMO DENTAL	VIVITY + OUSD MAPD W/ PPO DENTAL
1 over 65 and 1 under 65	$0	$0
1 over 65 and 2 under 65	$522	$633
1 over 65 and 3 under 65	$690	$789
2 over 65 and 1 under 65	$64	$163

ANTHEM BLUE CROSS NARROW NETWORK HMO	VIVITY + COMPANIONCARE W/ PPO DENTAL
1 over 65 and 1 under 65	$0

KAISER PERMANENTE	KAISER + KAISER SENIOR ADVANTAGE W/ HMO DENTAL	KAISER + KAISER SENIOR ADVANTAGE W/ PPO DENTAL
1 over 65 and 1 under 65	$0	$0
2 over 65 and 1 under 65	$0	$0
1 over 65 and 2+ under 65	$306	$405

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CLASSIFIED RETIREE MONTHLY RATES FOR EARLY INCENTIVE RETIREES UNDER 65
Rates include medical, dental, and vision*
Valid: 10/01/2025 - 09/30/2026

ANTHEM BLUE CROSS LARGER NETWORK PPO	HIGH (90/10) PPO PLAN W/ PPO DENTAL	LOW (80/20) PPO PLAN W/ PPO DENTAL
SINGLE	$389	$251
2 PARTY	$1531	$1246
FAMILY	$2247	$1874
ANTHEM BLUE CROSS LARGER NETWORK HMO	**CALIFORNIACARE W/ HMO DENTAL**	**CALIFORNIACARE W/ PPO DENTAL**
SINGLE	$152	$185
2 PARTY	$1044	$1110
FAMILY	$1597	$1696
ANTHEM BLUE CROSS LARGE NETWORK HMO	**SELECT W/ HMO DENTAL**	**SELECT W/ PPO DENTAL**
SINGLE	$95	$128
2 PARTY	$926	$992
FAMILY	$1443	$1542
	.	
ANTHEM BLUE CROSS NARROW NETWORK HMO	**VIVITY W/ HMO DENTAL**	**VIVITY W/ PPO DENTAL**
SINGLE	$95	$128
2 PARTY	$927	$993
FAMILY	$1443	$1542
KAISER PERMANENTE	**KAISER W/ HMO DENTAL**	**KAISER W/ PPO DENTAL**
SINGLE	$222	$255
2 PARTY	$1185	$1251
FAMILY	$1770	$1869

*This group of retirees receives the District's Single Contribution (CAP).

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CLASSIFIED RETIREE MONTHLY RATES FOR EARLY INCENTIVE RETIREES - COMBINATION

A retiree and dependent(s) over 65 in Medicare and under 65

Rates include medical, dental, and vision*

Medicare Advantage + Part D RX Rates Are Effective: January 1 - December 31

ANTHEM BLUE CROSS LARGER NETWORK PPO	HIGH (90/10) + OUSD MAPD W/ PPO DENTAL	LOW (80/20) + OUSD MAPD W/ PPO DENTAL
1 over 65 and 1 under 65	$784	$646
1 over 65 and 2 under 65	$1924	$1639
1 over 65 and 3 under 65	$2247	$1874
2 over 65 and 1 under 65	$1177	$1039
ANTHEM BLUE CROSS LARGER NETWORK HMO	**CALIFORNIACARE + OUSD MAPD W/ HMO DENTAL**	**CALIFORNIACARE + OUSD MAPD W/ PPO DENTAL**
1 over 65 and 1 under 65	$514	$580
1 over 65 and 2 under 65	$1391	$1503
1 over 65 and 3 under 65	$1597	$1696
2 over 65 and 1 under 65	$874	$973
ANTHEM BLUE CROSS LARGE NETWORK HMO	**SELECT + OUSD MAPD W/ HMO DENTAL**	**SELECT + OUSD MAPD W/ PPO DENTAL**
1 over 65 and 1 under 65	$457	$523
1 over 65 and 2 under 65	$1273	$1385
1 over 65 and 3 under 65	$1443	$1542
2 over 65 and 1 under 65	$817	$916
ANTHEM BLUE CROSS NARROW NETWORK HMO	**VIVITY + OUSD MAPD W/ HMO DENTAL**	**VIVITY + OUSD MAPD W/ PPO DENTAL**
1 over 65 and 1 under 65	$457	$523
1 over 65 and 2 under 65	$1274	$1386
1 over 65 and 3 under 65	$1443	$1542
2 over 65 and 1 under 65	$817	$916
KAISER PERMANENTE	**KAISER + KAISER SENIOR ADVANTAGE W/ HMO DENTAL**	**KAISER + KAISER SENIOR ADVANTAGE W/ PPO DENTAL**
1 over 65 and 1 under 65	$474	$540
2 over 65 and 1 under 65	$377	$476
1 over 65 and 2+ under 65	$1059	$1158

Based on 10/2025 Calendar Year SISC Premiums and Board Approved District Caps Effective 10/01/2025