CARMEL UNIFIED SCHOOL DISTRICT
ACTIVE EMPLOYEES MEDICAL PLAN OPTIONS AND RATES
JANUARY 2026 (SUBJECT TO BOARD APPROVAL)

Employee Only

Employee Only	Calendar Yr. Premium	CUSD Contribution Cap	Employee's (EE) Annual Cost	**11 month deduction Employee**	*11 mo deduction CUSD*	***12 mo deduction for EE***	12 mo deduction CUSD	11 mo rate to purch addt'nl
PPO 25	20,580.00	*15,612.00*	4,968.00	***451.64***	*1,419.27*	***414.00***	1,301.00	-
PPO 40	15,612.00	*15,612.00*	-	**-**	*1,419.27*	**-**	1,301.00	-
PPO 60	13,188.00	*15,612.00*	-	**-**	*1,198.91*	**-**	1,099.00	-
PPO Select	11,292.00	*15,612.00*	-	**-**	*1,026.55*	**-**	941.00	-
Trio HMO	13,992.00	*15,612.00*	-	**-**	*1,272.00*	**-**	1,166.00	-
Kaiser-High	13,956.00	*15,612.00*	-	**-**	*1,268.73*	**-**	1,163.00	

Employee +1

Employee +1	Calendar Yr. Premium	CUSD Contribution Cap	Employee's (EE) Annual Cost	**11 month deduction Employee**	*11 mo deduction CUSD*	***12 mo deduction for EE***	12 mo deduction CUSD	11 mo rate to purch addt'nl
PPO 25	41,052.00	*21,633.00*	19,419.00	***1,765.36***	*1,966.64*	***1,618.25***	1,802.75	2,312.73
PPO 40	31,164.00	*21,633.00*	9,531.00	***866.45***	*1,966.64*	***794.25***	1,802.75	1,413.82
PPO 60	26,220.00	*21,633.00*	4,587.00	***417.00***	*1,966.64*	***382.25***	1,802.75	1,184.73
PPO Select	22,452.00	*21,633.00*	819.00	***74.45***	*1,966.64*	***68.25***	1,802.75	1,014.55
Trio HMO	30,108.00	*21,633.00*	8,475.00	***770.45***	*1,966.64*	***706.25***	1,802.75	1,465.09
Kaiser-High	27,780.00	21,633.00	6,147.00	***558.82***	1,966.64	***512.25***	1,802.75	1,256.73

Full Family

Full Family	Calendar Yr. Premium	CUSD Contribution Cap	Employee's (EE) Annual Cost	**11 month deduction Employee**	*11 mo deduction CUSD*	***12 mo deduction for EE***	12 mo deduction CUSD	11 mo rate to purch addt'nl
PPO 25	53,316.00	*25,984.00*	27,332.00	***2,484.73***	*2,362.18*	***2,277.67***	2,165.33	3,427.64
PPO 40	40,464.00	*25,984.00*	14,480.00	***1,316.36***	*2,362.18*	***1,206.67***	2,165.33	2,259.27
PPO 60	34,092.00	*25,984.00*	8,108.00	***737.09***	*2,362.18*	***675.67***	2,165.33	1,900.36
PPO Select	29,172.00	*25,984.00*	3,188.00	***289.82***	*2,362.18*	***265.67***	2,165.33	1,625.45
Trio HMO	37,188.00	*25,984.00*	11,204.00	***1,018.55***	*2,362.18*	***933.67***	2,165.33	2,108.73
Kaiser-High	39,252.00	*25,984.00*	13,268.00	***1,206.18***	2,362.18	***1,105.67***	2,165.33	2,299.64

ACTIVE EMPLOYEES MEDICAL EXPENSE REIMBURSEMENT HEALTH PLAN OPTION

Complete Care Active Employees All Groups	SEE FLYER FOR QUALIFICATION $514 Per Month 100% District Paid Co-pays, deductibles, and co-insurance reimbursed by CompleteCare up to $10,600/single and $21,200 family per year

ACTIVE AND RETIRED EMPLOYEES DENTAL PLAN

All Groups & Retirees	Calendar Yr. Premium	CUSD Contribution Cap	Employee's (EE) Annual Cost	11 month deduction Employee	*11 mo deduction CUSD*	*12 mo deduction for EE*	12 mo deduction CUSD	11 mo rate to purch addt'nl
Employee	708.00	708.00	-				*59.00*	
Employee + 1	1,284.00	1,284.00	-				*107.00*	52.36
Full Family	2,112.00	2,112.00	-				*176.00*	127.64

ACTIVE AND RETIRED EMPLOYEES VISION PLAN

All Groups & Retirees	Calendar Yr. Premium	CUSD Contribution Cap	Employee's (EE) Annual Cost	11 month deduction Employee	*11 mo deduction CUSD*	*12 mo deduction for EE*	12 mo deduction CUSD	11 mo rate to purch addt'nl
Employee	144.00	144.00	-				*12.00*	
Employee + 1	204.00	204.00	-				*17.00*	5.45
Full Family	360.00	360.00	-				*30.00*	19.64

Note: Rates may vary by start date. The system automatically adjusts monthly deductions for mid-year rate changes to ensure payments are collected by June 30 for the July insurance premium.