

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

Retiree Only					
Employee Only Retiree's less than 65 Yrs old/ W/O Medicare	Calendar Yr. Premium	District Contribution Cap	Retiree's Annual Premium Cost	<i>Monthly Premium Cost Retiree 12 months</i>	12 mo CUSD Cost
PPO 25	20,544.00	15,612.00	4,932.00	411.00	1,301.00
PPO 40	15,576.00	15,612.00	-	-	1,298.00
PPO 60	13,152.00	15,612.00	-	-	1,096.00
PPO Select	11,256.00	15,612.00	-	-	938.00
Trio HMO	13,956.00	15,612.00	-	-	1,163.00
Kaiser-High	13,920.00	15,612.00	-	-	1,160.00

Retiree +1					
Employee +1 Retiree's less than 65 Yrs old/ W/O Medicare	Calendar Yr. Premium	District Contribution Cap	Retiree's Annual Premium Cost	<i>Monthly Premium Cost Retiree 12 months</i>	12 mo CUSD Cost
PPO 25	41,016.00	21,633.00	19,383.00	1,615.25	1,802.75
PPO 40	31,128.00	21,633.00	9,495.00	791.25	1,802.75
PPO 60	26,184.00	21,633.00	4,551.00	379.25	1,802.75
PPO Select	22,416.00	21,633.00	783.00	65.25	1,802.75
Trio HMO	30,072.00	21,633.00	8,439.00	703.25	1,802.75
Kaiser-High	27,744.00	21,633.00	6,111.00	509.25	1,802.75

Retiree Full Family					
Full Family Retiree's less than 65 Yrs old/ W/O Medicare	Calendar Yr. Premium	District Contribution Cap	Retiree's Annual Premium Cost	<i>Monthly Premium Cost Retiree 12 months</i>	12 mo CUSD Cost
PPO 25	53,280.00	25,984.00	27,296.00	2,274.67	2,165.33
PPO 40	40,428.00	25,984.00	14,444.00	1,203.67	2,165.33
PPO 60	34,056.00	25,984.00	8,072.00	672.67	2,165.33
PPO Select	29,136.00	25,984.00	3,152.00	262.67	2,165.33
Trio HMO	37,152.00	25,984.00	11,168.00	930.67	2,165.33
Kaiser-High	39,216.00	25,984.00	13,232.00	1,102.67	2,165.33

ACTIVE AND RETIRED EMPLOYEES DENTAL PLAN

All Groups & Retirees	Calendar Yr. Premium	CUSD Contribution Cap	Retiree's (EE) Annual Cost	11 month deduction Employee	11 mo deduction CUSD	12 mo deduction for EE	12 mo deduction CUSD	12 mo rate to purch add'tnl
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	Retiree's (EE) Annual Cost	11 month deduction Employee	11 mo deduction CUSD	12 mo deduction for EE	12 mo deduction CUSD	12 mo rate to purch add'tnl
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.