



ORANGE UNIFIED SCHOOL DISTRICT

Risk Management

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

CERTIFICATED RETIREE MONTHLY RATES FOR LIFETIME UNDER 65

Rates include medical, dental, and vision

Valid: 10/01/2025 - 09/30/2026

ANTHEM BLUE CROSS LARGER NETWORK	HIGH (90/10) PPO PLAN W/ PPO DENTAL	LOW (80/20) PPO PLAN W/ PPO DENTAL
SINGLE	\$406	\$268
2 PARTY	\$809	\$524
FAMILY	\$1116	\$743
ANTHEM BLUE CROSS LARGER NETWORK	CALIFORNIACARE W/ HMO DENTAL	CALIFORNIACARE W/ PPO DENTAL
SINGLE	\$169	\$202
2 PARTY	\$322	\$388
FAMILY	\$466	\$565
ANTHEM BLUE CROSS LARGE NETWORK	SELECT W/ HMO DENTAL	SELECT W/ PPO DENTAL
SINGLE	\$112	\$145
2 PARTY	\$204	\$270
FAMILY	\$312	\$411
ANTHEM BLUE CROSS NARROW NETWORK	VIVITY W/ HMO DENTAL	VIVITY W/ PPO DENTAL
SINGLE	\$112	\$145
2 PARTY	\$205	\$271
FAMILY	\$312	\$411
KAISER PERMANENTE	KAISER W/ HMO DENTAL	KAISER W/ PPO DENTAL
SINGLE	\$239	\$272
2 PARTY	\$463	\$529
FAMILY	\$639	\$738



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CERTIFICATED RETIREE MONTHLY RATES FOR LIFETIME OVER 65 IN MEDICARE

Rates include medical, dental, and vision
NOTE EFFECTIVE DATES ON EACH PLAN

ANTHEM BLUE CROSS			OUSD MEDICARE ADVANTAGE + PART D RX (MAPD) W/ PPO DENTAL		
			Effective January 1 - December 31, 2026		
SINGLE			\$0		
2 PARTY			\$0		
HARTFORD SUPPLEMENT TO MEDICARE PLAN WITH RX W/ PPO DENTAL					
			Effective January 1 - December 31, 2026		
SINGLE			\$0		
2 PARTY			\$0		
COMPANIONCARE SUPPLEMENT TO MEDICARE PLAN WITH RX W/ PPO DENTAL					
			Effective October 1, 2025 - September 30, 2026		
SINGLE			\$0		
2 PARTY			\$0		
KAISER PERMANENTE		SENIOR ADVANTAGE W/ HMO DENTAL		SENIOR ADVANTAGE W/ PPO DENTAL	
		Effective October 1, 2025 - September 30, 2026			
SINGLE		\$0		\$0	
2 PARTY		\$0		\$0	



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CERTIFICATED RETIREE MONTHLY RATES FOR LIFETIME - 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: 01/01/2026 - 12/31/2026

ANTHEM BLUE CROSS LARGER NETWORK	HIGH (90/10) + OUSD MAPD W/ PPO DENTAL	LOW (80/20) + OUSD MAPD W/ PPO DENTAL
1 over 65 and 1 under 65	\$156	\$18
1 over 65 and 2 under 65	\$886	\$601
1 over 65 and 3 under 65	\$1116	\$743
2 over 65 and 1 under 65	\$232	\$94
ANTHEM BLUE CROSS LARGER NETWORK	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	\$366	\$465
1 over 65 and 3 under 65	\$466	\$565
2 over 65 and 1 under 65	\$0	\$28
ANTHEM BLUE CROSS LARGE NETWORK	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	\$248	\$347
1 over 65 and 3 under 65	\$312	\$411
2 over 65 and 1 under 65	\$0	\$0
ANTHEM BLUE CROSS NARROW NETWORK	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	\$249	\$348
1 over 65 and 3 under 65	\$312	\$411
2 over 65 and 1 under 65	\$0	\$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	\$0	\$27



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CERTIFICATED RETIREE MONTHLY RATES FOR BRIDGE UNDER 65

Rates include medical, dental, and vision*

Valid: 10/01/2025 - 09/30/2026

ANTHEM BLUE CROSS LARGER NETWORK	HIGH (90/10) PPO PLAN W/ PPO DENTAL	LOW (80/20) PPO PLAN W/ PPO DENTAL
SINGLE	\$406	\$268
2 PARTY	\$1548	\$1263
FAMILY	\$2264	\$1891
ANTHEM BLUE CROSS LARGER NETWORK	CALIFORNIACARE W/ HMO DENTAL	CALIFORNIACARE W/ PPO DENTAL
SINGLE	\$169	\$202
2 PARTY	\$1060	\$1127
FAMILY	\$1614	\$1713
ANTHEM BLUE CROSS LARGE NETWORK	SELECT W/ HMO DENTAL	SELECT W/ PPO DENTAL
SINGLE	\$112	\$145
2 PARTY	\$942	\$1009
FAMILY	\$1460	\$1559
ANTHEM BLUE CROSS NARROW NETWORK	VIVITY W/ HMO DENTAL	VIVITY W/ PPO DENTAL
SINGLE	\$112	\$145
2 PARTY	\$943	\$1010
FAMILY	\$1460	\$1559
KAISER PERMANENTE	KAISER W/ HMO DENTAL	KAISER W/ PPO DENTAL
SINGLE	\$239	\$272
2 PARTY	\$1201	\$1268
FAMILY	\$1787	\$1886

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



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CERTIFICATED RETIREE MONTHLY RATES FOR BRIDGE - 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: 01/01/2026 - 12/31/2026

ANTHEM BLUE CROSS LARGER NETWORK	HIGH (90/10) + OUSD MAPD W/ PPO DENTAL	LOW (80/20) + OUSD MAPD W/ PPO DENTAL
1 over 65 and 1 under 65	\$894	\$756
1 over 65 and 2 under 65	\$2034	\$1749
1 over 65 and 3 under 65	\$2264	\$1891
2 over 65 and 1 under 65	\$1380	\$1242
ANTHEM BLUE CROSS LARGER NETWORK	CALIFORNIACARE + OUSD MAPD W/ HMO DENTAL	CALIFORNIACARE + OUSD MAPD W/ PPO DENTAL
1 over 65 and 1 under 65	\$624	\$690
1 over 65 and 2 under 65	\$1514	\$1613
1 over 65 and 3 under 65	\$1614	\$1713
2 over 65 and 1 under 65	\$1077	\$1176
ANTHEM BLUE CROSS LARGE NETWORK	SELECT + OUSD MAPD W/ HMO DENTAL	SELECT + OUSD MAPD W/ PPO DENTAL
1 over 65 and 1 under 65	\$567	\$633
1 over 65 and 2 under 65	\$1396	\$1495
1 over 65 and 3 under 65	\$1460	\$1559
2 over 65 and 1 under 65	\$1020	\$1119
ANTHEM BLUE CROSS NARROW NETWORK	VIVITY + OUSD MAPD W/ HMO DENTAL	VIVITY + OUSD MAPD W/ PPO DENTAL
1 over 65 and 1 under 65	\$567	\$633
1 over 65 and 2 under 65	\$1397	\$1496
1 over 65 and 3 under 65	\$1460	\$1559
2 over 65 and 1 under 65	\$1020	\$1119
KAISER PERMANENTE	KAISER + KAISER SENIOR ADVANTAGE W/ HMO DENTAL	KAISER + KAISER SENIOR ADVANTAGE W/ PPO DENTAL
1 over 65 and 1 under 65	\$490	\$557
2 over 65 and 1 under 65	\$394	\$493
1 over 65 and 2+ under 65	\$1076	\$1175

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