



ORANGE UNIFIED SCHOOL DISTRICT

Risk Management

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

LEADERSHIP ACTIVE EMPLOYEE RATES Rates include medical, dental, vision, and life insurance Valid: 10/01/2026 - 09/30/2027 Rates are deducted on a 10thly basis		
ANTHEM BLUE CROSS LARGER NETWORK PPO	HIGH (90/10) PPO PLAN W/ PPO DENTAL	LOW (80/20) PPO PLAN W/ PPO DENTAL
Employee Only	\$507	\$326
Employee + 1 Dependent	\$1062	\$688
Employee + 2 or More Dependents	\$1452	\$963
ANTHEM BLUE CROSS LARGER NETWORK HMO	CALIFORNIACARE W/ HMO DENTAL	CALIFORNIACARE W/ PPO DENTAL
Employee Only	\$204	\$241
Employee + 1 Dependent	\$436	\$511
Employee + 2 or More Dependents	\$619	\$731
ANTHEM BLUE CROSS LARGE NETWORK HMO	SELECT W/ HMO DENTAL	SELECT W/ PPO DENTAL
Employee Only	\$128	\$165
Employee + 1 Dependent	\$281	\$356
Employee + 2 or More Dependents	\$415	\$527
ANTHEM BLUE CROSS NARROW NETWORK HMO	VIVITY W/ HMO DENTAL	VIVITY W/ PPO DENTAL
Employee Only	\$132	\$169
Employee + 1 Dependent	\$288	\$363
Employee + 2 or More Dependents	\$426	\$538
KAISER PERMANENTE	KAISER W/ HMO DENTAL	KAISER W/ PPO DENTAL
Employee Only	\$270	\$307
Employee + 1 Dependent	\$573	\$648
Employee + 2 or More Dependents	\$782	\$894



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LEADERSHIP RETIREE MONTHLY RATES FOR LIFETIME AND OPTION B UNDER 65

Rates include medical, dental, and vision

Valid: 10/01/2026 - 09/30/2027

ANTHEM BLUE CROSS LARGER NETWORK PPO	HIGH (90/10) PPO PLAN W/ PPO DENTAL	LOW (80/20) PPO PLAN W/ PPO DENTAL
SINGLE	\$423	\$272
2 PARTY	\$885	\$574
FAMILY	\$1210	\$802
ANTHEM BLUE CROSS LARGER NETWORK HMO	CALIFORNIACARE W/ HMO DENTAL	CALIFORNIACARE W/ PPO DENTAL
SINGLE	\$170	\$201
2 PARTY	\$363	\$426
FAMILY	\$516	\$609
ANTHEM BLUE CROSS LARGE NETWORK HMO	SELECT W/ HMO DENTAL	SELECT W/ PPO DENTAL
SINGLE	\$107	\$138
2 PARTY	\$234	\$297
FAMILY	\$346	\$439
ANTHEM BLUE CROSS NARROW NETWORK HMO	VIVITY W/ HMO DENTAL	VIVITY W/ PPO DENTAL
SINGLE	\$110	\$141
2 PARTY	\$240	\$303
FAMILY	\$355	\$448
KAISER PERMANENTE	KAISER W/ HMO DENTAL	KAISER W/ PPO DENTAL
SINGLE	\$225	\$256
2 PARTY	\$477	\$540
FAMILY	\$652	\$745



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LEADERSHIP 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 (MAPD) W/ PPO DENTAL	
		Effective January 1, 2026 - December 31, 2026	
SINGLE		\$0	
2 PARTY		\$0	
FAMILY		\$0	
		HARTFORD SUPPLEMENT TO MEDICARE PLAN WITH RX W/ PPO DENTAL	
		Effective January 1, 2026 - December 31, 2026	
SINGLE		\$0	
2 PARTY		\$0	
		COMPANIONCARE SUPPLEMENT TO MEDICARE PLAN WITH RX W/ PPO DENTAL	
		Effective October 1, 2026 - September 30, 2027	
SINGLE		\$0	
2 PARTY		\$0	
KAISER PERMANENTE		SENIOR ADVANTAGE W/ HMO DENTAL	SENIOR ADVANTAGE W/ PPO DENTAL
		Effective October 1, 2026 - September 30, 2027	
SINGLE		\$0	\$0
2 PARTY		\$0	\$0



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LEADERSHIP RETIREE MONTHLY RATES FOR LIFETIME AND OPTION B - 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 PPO	HIGH (90/10) + OUSD MAPD W/ PPO DENTAL	LOW (80/20) + OUSD MAPD W/ PPO DENTAL
1 over 65 and 1 under 65	\$36	\$0
1 over 65 and 2 under 65	\$824	\$513
1 over 65 and 3 under 65	\$1210	\$802
2 over 65 and 1 under 65	\$0	\$0
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	\$272	\$365
1 over 65 and 3 under 65	\$516	\$609
2 over 65 and 1 under 65	\$0	\$0
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	\$143	\$236
1 over 65 and 3 under 65	\$346	\$439
2 over 65 and 1 under 65	\$0	\$0
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	\$149	\$242
1 over 65 and 3 under 65	\$355	\$448
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	\$0



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LEADERSHIP RETIREE MONTHLY RATES FOR BRIDGE UNDER 65

Rates include medical, dental, and vision*

Valid: 10/01/2026 - 09/30/2027

ANTHEM BLUE CROSS LARGER NETWORK PPO	HIGH (90/10) PPO PLAN W/ PPO DENTAL	LOW (80/20) PPO PLAN W/ PPO DENTAL
SINGLE	\$423	\$272
2 PARTY	\$1664	\$1353
FAMILY	\$2442	\$2034
ANTHEM BLUE CROSS LARGER NETWORK HMO	CALIFORNIACARE W/ HMO DENTAL	CALIFORNIACARE W/ PPO DENTAL
SINGLE	\$170	\$201
2 PARTY	\$1143	\$1205
FAMILY	\$1747	\$1841
ANTHEM BLUE CROSS LARGE NETWORK HMO	SELECT W/ HMO DENTAL	SELECT W/ PPO DENTAL
SINGLE	\$107	\$138
2 PARTY	\$1014	\$1076
FAMILY	\$1577	\$1671
ANTHEM BLUE CROSS NARROW NETWORK HMO	VIVITY W/ HMO DENTAL	VIVITY W/ PPO DENTAL
SINGLE	\$110	\$141
2 PARTY	\$1020	\$1082
FAMILY	\$1586	\$1680
KAISER PERMANENTE	KAISER W/ HMO DENTAL	KAISER W/ PPO DENTAL
SINGLE	\$225	\$256
2 PARTY	\$1257	\$1319
FAMILY	\$1883	\$1977

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



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LEADERSHIP 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 PPO	HIGH (90/10) + OUSD MAPD W/ PPO DENTAL	LOW (80/20) + OUSD MAPD W/ PPO DENTAL
1 over 65 and 1 under 65	\$816	\$665
1 over 65 and 2 under 65	\$2056	\$1745
1 over 65 and 3 under 65	\$2442	\$2034
2 over 65 and 1 under 65	\$1207	\$1056
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	\$531	\$594
1 over 65 and 2 under 65	\$1503	\$1597
1 over 65 and 3 under 65	\$1747	\$1841
2 over 65 and 1 under 65	\$891	\$985
ANTHEM BLUE CROSS LARGER NETWORK PPO	SELECT + OUSD MAPD W/ HMO DENTAL	SELECT + OUSD MAPD W/ PPO DENTAL
1 over 65 and 1 under 65	\$468	\$531
1 over 65 and 2 under 65	\$1374	\$1468
1 over 65 and 3 under 65	\$1577	\$1671
2 over 65 and 1 under 65	\$828	\$922
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	\$471	\$534
1 over 65 and 2 under 65	\$1380	\$1474
1 over 65 and 3 under 65	\$1586	\$1680
2 over 65 and 1 under 65	\$831	\$925
KAISER PERMANENTE	KAISER + KAISER SENIOR ADVANTAGE W/ HMO DENTAL	KAISER + KAISER SENIOR ADVANTAGE W/ PPO DENTAL
1 over 65 and 1 under 65	\$489	\$551
2 over 65 and 1 under 65	\$380	\$474
1 over 65 and 2+ under 65	\$1115	\$1209

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