CARMEL UNIFIED SCHOOL DISTRICT
ACTIVE EMPLOYEES MEDICAL PLAN OPTIONS AND RATES
JANUARY 2027 (SUBJECT TO BOARD APPROVAL)

Employee Only

Employee Only	Calendar Yr. Premium	CUSD Contribution Cap	(EE) Annual Cost	**11 month deduction Employee**	*11 mo deduction CUSD*	***12 mo deduction Employee***	12 mo deduction CUSD	12 month rate combined EE & ER	11 mo rate to purch addt'nl
PPO 25	22,488.00	$17,747	4,741.00	***431.00***	*1,613.36*	***395.08***	1,478.92	*1,874.00*	-
PPO 40	17,064.00	*$17,747*	0.00	***0.00***	*1,551.27*	***0.00***	1,422.00	*1,422.00*	-
PPO 60	14,412.00	*$17,747*	0.00	***0.00***	*1,310.18*	***0.00***	1,201.00	*1,201.00*	-
PPO Select	12,348.00	*$17,747*	0.00	***0.00***	*1,122.55*	***0.00***	1,029.00	*1,029.00*	-
Trio HMO	15,000.00	*$17,747*	0.00	***0.00***	*1,363.64*	***0.00***	1,250.00	*1,250.00*	-
Kaiser-High	14,568.00	*$17,747*	0.00	***0.00***	*1,324.36*	***0.00***	1,214.00	1,214.00	

Employee +1

Employee +1	Calendar Yr. Premium	CUSD Contribution Cap	(EE) Annual Cost	**11 month deduction Employee**	*11 mo deduction CUSD*	***12 mo deduction for EE***	12 mo deduction CUSD	12 month rate combined EE & ER	11 mo rate to purch addt'nl
PPO 25	44,868.00	$23,768	21,100.00	***1,918.18***	*2,160.73*	***1,758.33***	1,980.67	*3,739.00*	2,465.55
PPO 40	34,068.00	*$23,768*	10,300.00	***936.36***	*2,160.73*	***858.33***	1,980.67	*2,839.00*	1,545.82
PPO 60	28,656.00	*$23,768*	4,888.00	***444.36***	*2,160.73*	***407.33***	1,980.67	*2,388.00*	1,294.91
PPO Select	24,540.00	*$23,768*	772.00	***70.18***	*2,160.73*	***64.33***	1,980.67	*2,045.00*	1,108.36
Trio HMO	32,280.00	*$23,768*	8,512.00	***773.82***	*2,160.73*	***709.33***	1,980.67	*2,690.00*	1,570.91
Kaiser-High	29,004.00	$23,768	5,236.00	***476.00***	*2,160.73*	***436.33***	1,980.67	2,417.00	1,312.36

Full Family

Full Family	Calendar Yr. Premium	CUSD Contribution Cap	(EE) Annual Cost	**11 month deduction Employee**	*11 mo deduction CUSD*	***12 mo deduction for EE***	12 mo deduction CUSD	12 month rate combined EE & ER	11 mo rate to purch addt'nl
PPO 25	58,272.00	$28,119	30,153.00	***2,741.18***	*2,556.27*	***2,512.75***	2,343.25	*4,856.00*	3,684.09
PPO 40	44,232.00	*$28,119*	16,113.00	***1,464.82***	*2,556.27*	***1,342.75***	2,343.25	*3,686.00*	2,469.82
PPO 60	37,260.00	*$28,119*	9,141.00	***831.00***	*2,556.27*	***761.75***	2,343.25	*3,105.00*	2,077.09
PPO Select	31,884.00	*$28,119*	3,765.00	***342.27***	*2,556.27*	***313.75***	2,343.25	*2,657.00*	1,776.00
Trio HMO	39,864.00	*$28,119*	11,745.00	***1,067.73***	*2,556.27*	***978.75***	2,343.25	*3,322.00*	2,260.36
Kaiser-High	40,980.00	$28,119	12,861.00	***1,169.18***	2,556.27	***1,071.75***	*2,343.25*	3,415.00	2,401.09

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	(EE) Annual Cost	11 month deduction Employee	*11 mo deduction CUSD*	*12 mo deduction for EE*	12 mo deduction CUSD	12 month rate for coverage	11 mo rate to purch addt'nl
Employee	708.00	708.00	0.00				*59.00*	*59.00*	
Employee + 1	1,284.00	1,284.00	0.00				*107.00*	*107.00*	52.36
Full Family	2,112.00	2,112.00	0.00				*176.00*	*176.00*	127.64

ACTIVE AND RETIRED EMPLOYEES VISION PLAN

All Groups & Retirees	Calendar Yr. Premium	CUSD Contribution Cap	(EE) Annual Cost	11 month deduction Employee	*11 mo deduction CUSD*	*12 mo deduction for EE*	12 mo deduction CUSD	12 month rate for coverage	11 mo rate to purch addt'nl
Employee	144.00	144.00	0.00				*12.00*	*12.00*	
Employee + 1	204.00	204.00	0.00				*17.00*	*17.00*	5.45
Full Family	372.00	372.00	0.00				*31.00*	*31.00*	20.73

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