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

RETIREE MEDICAL PLAN OPTIONS

Retired Employee Only

Employee Only Retiree's less than 65 Yrs old/ W/O Medicare	Calendar Yr. Premium	District Contribution Cap	Retiree's Annual Premium Cost	***Monthly Preimium Cost Retiree 12 months***			12 mo CUSD Cost	*12 month rate for coverage*	
PPO 25	22,452.00	***17,747.00***	4,705.00	***392.08***			1,478.92	*1,871.00*	
PPO 40	17,028.00	***17,747.00***	0.00	***0.00***			1,419.00	*1,419.00*	
PPO 60	14,376.00	***17,747.00***	0.00	***0.00***			1,198.00	*1,198.00*	
PPO Select	12,312.00	***17,747.00***	0.00	***0.00***			1,026.00	*1,026.00*	
Trio HMO	14,964.00	***17,747.00***	0.00	***0.00***			1,247.00	*1,247.00*	
Kaiser-High	14,532.00	***17,747.00***	0.00	***0.00***			1,211.00	1,211.00	

Retired Employee +1

Employee +1 Retiree's less than 65 Yrs old/ W/O Medicare	Calendar Yr. Premium	District Contribution Cap	Retiree's Annual Premium Cost	***Monthly Preimium Cost Retiree 12 months***			12 mo CUSD Cost	*12 month rate for coverage*	
PPO 25	44,832.00	***23,768.00***	21,064.00	***1,755.33***			1,980.67	*3,736.00*	
PPO 40	34,032.00	***23,768.00***	10,264.00	***855.33***			*1,980.67*	*2,836.00*	
PPO 60	28,620.00	***23,768.00***	4,852.00	***404.33***			*1,980.67*	*2,385.00*	
PPO Select	24,504.00	***23,768.00***	736.00	***61.33***			*1,980.67*	*2,042.00*	
Trio HMO	32,244.00	***23,768.00***	8,476.00	***706.33***			*1,980.67*	*2,687.00*	
Kaiser-High	28,968.00	***23,768.00***	5,200.00	***433.33***			*1,980.67*	2,414.00	

Retired Employee 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	***Monthly Preimium Cost Retiree 12 months***			12 mo CUSD Cost	*12 month rate for coverage*	
PPO 25	58,236.00	***28,119.00***	30,117.00	***2,509.75***			2,343.25	*4,853.00*	
PPO 40	44,196.00	***28,119.00***	16,077.00	***1,339.75***			2,343.25	*3,683.00*	
PPO 60	37,224.00	***28,119.00***	9,105.00	***758.75***			2,343.25	*3,102.00*	
PPO Select	31,848.00	***28,119.00***	3,729.00	***310.75***			2,343.25	*2,654.00*	
Trio HMO	39,828.00	***28,119.00***	11,709.00	***975.75***			2,343.25	*3,319.00*	
Kaiser-High	40,944.00	***28,119.00***	12,825.00	***1,068.75***			2,343.25	3,412.00	

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	12 mo rate to purch addt'nl
Employee	708.00	708.00	-				*59.00*	*59.00*	
Employee + 1	1,284.00	1,284.00	-				*107.00*	*107.00*	52.36
Full Family	2,112.00	2,112.00	-				*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	12 mo rate to purch addt'nl
Employee	144.00	144.00	-				*12.00*	*12.00*	
Employee + 1	204.00	204.00	-				*17.00*	*17.00*	5.45
Full Family	372.00	372.00	-				*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.