CUSD RETIREE MONTHLY PREMIUM RATE CHART
January 1 – December 31, 2027

ALIGNMENT HEALTH THRU RETIREEFIRST *(for 65 years old and older & requires Medicare Parts A & B)*

Per subscriber	$ 339.00

***Senior Advantage (SRA)** mandatory for 65 and older. Requires Medicare Parts A & B & Kaiser approval.*

Single w/ SRA *	$ 352.94
2-party subscriber + spouse both w/ SRA *	$ 705.88
2-party subscriber w/ SRA + spouse under 65 *	$ 1,304.73
2-party subscriber under 65 + spouse w/ SRA *	$ 1,304.73

KAISER HMO

Single	$ 951.79
2-party (subscriber + 1 dependent)	$ 1,903.58
Family (subscriber + 2 or more dependents)	$ 2,693.57

KAISER DEDUCTIBLE HMO PLAN

Single under 65	$ 827.91
2-party (subscriber + 1 dependent)	$ 1,655.82
Family (subscriber + 2 or more dependents)	$ 2,342.99

KAISER HEALTH SAVINGS ACCOUNT 1800

Single under 65	$ 782.59
2-party (subscriber + 1 dependent)	$ 1,565.18
Family (subscriber + 2 or more dependents)	$ 2,214.73

UNITEDHEALTHCARE SIGNATURE VALUE - Full Network *(for under 65 years old only)*

Single	$ 1,165.05
2-party (subscriber + 1 dependent)	$ 2,281.36
Family (subscriber + 2 or more dependents)	$ 3,245.32

UNITEDHEALTHCARE SIGNATURE VALUE ALLIANCE - Sutter Health Network Only *(for under 65 years old only)*

Single	$ 1,139.32
2-party (subscriber + 1 dependent)	$ 2,230.99
Family (subscriber + 2 or more dependents)	$ 3,173.66

UNITEDHEALTHCARE PPO *(for grandfathered subscribers who are under 65 years old only)*

Single	$ 2,354.69
2-party (subscriber + 1 dependent)	$ 4,931.22
Family (subscriber + 2 or more dependents)	$ 7,038.98

UNITEDHEALTHCARE HSA *(for grandfathered subscribers who are under 65 years old only)*

Single	$ 1,725.50
2-party (subscriber + 1 dependent)	$ 3,613.57
Family (subscriber + 2 or more dependents)	$ 5,158.13

DELTACARE HMO DENTAL (one rate) $ 54.49

DELTA DENTAL LOW COST PLAN

Single	$ 40.52
2-party (subscriber + 1 dependent)	$ 79.00
Family (subscriber + 2 or more dependents)	$ 123.66

DELTA PPO PREMIER DENTAL

Single	$ 76.14
2-party (subscriber + 1 dependent)	$ 148.48
Family (subscriber + 2 or more dependents)	$ 233.37

VISION SERVICE PLAN

Single	$ 8.56
2-party (subscriber + 1 dependent)	$ 17.14
Family (subscriber + 2 or more dependents)	$ 27.59

HR/kp rev 10-7-26