

# CUSD HEALTH & WELFARE MONTHLY PREMIUM RATES

**Effective September 1, 2019 thru December 31, 2020**

PLAN TYPE	ACTIVE EMPLOYEE & LOA	COBRA w/ 2% adm fee
<b>Anthem HMO (California Care)</b>		
Single	\$ 865.18	\$ 882.48
2-Party (Subscriber + 1 dependent)	\$ 1,811.87	\$ 1,848.11
Family (Subscriber + 2 or more dependents)	\$ 2,586.32	\$ 2,638.05
<b>Anthem PPO Prudent Buyer</b>		
Single	\$ 1,168.12	\$ 1,191.48
2-Party (Subscriber + 1 dependent)	\$ 2,351.03	\$ 2,398.05
Family (Subscriber + 2 or more dependents)	\$ 3,305.80	\$ 3,371.92
<b>Bronze Anthem DHMO</b>		
Single	\$ 696.95	\$ 710.89
2-Party (Subscriber + 1 dependent)	\$ 1,439.14	\$ 1,467.92
Family (Subscriber + 2 or more dependents)	\$ 2,083.31	\$ 2,124.98
<b>Kaiser HMO</b>		
Single	\$ 660.17	\$ 673.37
2-Party (Subscriber + 1 dependent)	\$ 1,320.34	\$ 1,346.75
Family (Subscriber + 2 or more dependents)	\$ 1,868.28	\$ 1,905.65
<b>Bronze Kaiser DHMO</b>		
Single	\$ 590.23	\$ 602.03
2-Party (Subscriber + 1 dependent)	\$ 1,180.45	\$ 1,204.06
Family (Subscriber + 2 or more dependents)	\$ 1,670.34	\$ 1,703.75
<b>DeltaCare HMO Dental</b>		
	\$ 54.49	\$ 55.58
<b>Delta PPO Premier Dental</b>		
Single	\$ 81.62	\$ 83.25
2-Party (Subscriber + 1 dependent)	\$ 159.16	\$ 162.34
Family (Subscriber + 2 or more dependents)	\$ 250.16	\$ 255.16
<b>Vision Service Plan</b> (eye exam, frames & lenses)		
Single	\$ 7.16	\$ 7.30
2-Party (Subscriber + 1 dependent)	\$ 14.33	\$ 14.62
Family (Subscriber + 2 or more dependents)	\$ 23.07	\$ 23.53
<b>Group Term Life Insurance</b> {employee & dependent(s)}		
	\$ 13.09	na
includes Accidental Death & Dismemberment (employee coverage only)		