

CUSD 2024/25 PREMIUM RATES



District Paid Retiree Rates

Dental & vision included for up to 5 years for qualifying retirees

Retiree Only - Without Medicare	\$452.99
Retiree Only - With Medicare	\$278.29
Retiree + 1 Dependent - Zero on Medicare	\$905.98
Retiree + 1 Dependent - One on Medicare	\$731.28
Retiree + 1 Dependent - Two on Medicare	\$556.58
Retiree + 2 or More Dependents - Zero on Medicare	\$1,358.97
Retiree + 2 or More Dependents - One on Medicare	\$1,184.27
Retiree + 2 or More Dependents - Two on Medicare	\$1,009.57
Retiree + 2 or More Dependents - Three on Medicare	\$834.87

Self Paid Participant Rates

Dental & vision included for up to 5 years for qualifying participants

Member Only - Without Medicare	\$723.45
Member Only - With Medicare	\$624.75
Member + 1 Dependent - Zero on Medicare	\$1,459.50
Member + 1 Dependent - One on Medicare	\$1,348.20
Member + 1 Dependent - Two on Medicare	\$1,298.85
Family Coverage	\$2,016.00

Active Employee Rates

Composite plan, including dental & vision

Employee Only	\$91.00
Employee + 1 Dependent	\$222.00
Employee + 2 or More Dependents	\$260.00

COBRA Rates

Health

Employee Only	\$485.84
Employee + 1 or More Dependents	\$1,272.20

Dental

\$93.53

Vision

\$16.58

For questions regarding these rates, please call the main Benefits Department line at 559-327-9125.

