

# CUSD HEALTH & WELFARE MONTHLY PREMIUM RATES

## Effective September 1, 2009 through August 31, 2010

PLAN TYPE	ACTIVE EMPLOYEE & LOA RATES	COBRA RATES w/ 2% adm fee
<b>PPO Prudent Buyer</b> * (medical & prescription)		
Single	\$ 622.04	\$ 634.48
Two Party	\$ 1,244.08	\$ 1,268.96
Family (2 or more dependents)	\$ 1,760.37	\$ 1,795.58
<b>Kaiser HMO</b> (medical, prescription, mental health, & vision)		
Single	\$ 504.02	\$ 514.10
Two Party	\$ 1,008.04	\$ 1,028.20
Family (2 or more dependents)	\$ 1,426.37	\$ 1,454.90
<b>Anthem Blue Cross HMO</b> * (medical & prescription)		
Single	\$ 504.23	\$ 514.31
Two Party	\$ 1,055.95	\$ 1,077.07
Family (2 or more dependents)	\$ 1,507.30	\$ 1,537.45
<b>Mental Health</b> thru PacifiCare Behavioral Health	\$ 18.57	\$ 18.94
<i>* Mental health coverage automatically included when enrolling in PPO Prudent Buyer &amp; Blue Cross HMO</i>		
<b>Vision Service Plan</b> (exam, frames & lens)	\$ 16.20	\$ 16.52
<b>CUSD Self-funded Dental</b> (PPO)	\$ 185.24	\$ 188.94
<b>DeltaCare HMO Dental</b>	\$ 50.62	\$ 51.63
<b>Term Life Insurance</b> (employee & dependents) & <b>Accidental Death &amp; Dismemberment</b> (employee only)	\$ 2.50	na