

CUSD HEALTH & WELFARE MONTHLY PREMIUM RATES

Effective September 1, 2008 through August 31, 2009

PLAN TYPE	ACTIVE EMPLOYEE & LOA RATES	COBRA RATES w/ 2% adm fee
PPO Prudent Buyer * (medical & prescription)		
Single	\$ 549.65	\$ 560.64
Two Party	\$ 1,099.30	\$ 1,121.29
Family (2 or more dependents)	\$ 1,555.51	\$ 1,586.62
Kaiser HMO (medical, prescription, mental health, & vision)		
Single	\$ 449.89	\$ 458.89
Two Party	\$ 899.78	\$ 917.78
Family (2 or more dependents)	\$ 1,273.19	\$ 1,298.65
Blue Cross HMO * (medical & prescription)		
Single	\$ 462.07	\$ 471.31
Two Party	\$ 967.65	\$ 987.00
Family (2 or more dependents)	\$ 1,381.27	\$ 1,408.90
Mental Health thru PacifiCare Behavioral Health	\$ 18.57	\$ 18.94
<i>* Mental health coverage automatically included when enrolling in PPO Prudent Buyer & Blue Cross HMO</i>		
Vision Service Plan (exam, frames & lens)	\$ 15.05	\$ 15.35
CUSD Self-funded Dental	\$ 133.46	\$ 136.13
DeltaCare HMO Dental	\$ 50.62	\$ 51.63
Term Life Insurance (employee & dependents) & Accidental Death & Dismemberment (AD & D for employees only)	\$ 2.50	na