

2025* RETIREE MONTHLY RATES
MEDICAL INSURANCE PLANS - UNITED HEALTH CARE

		Non-Tobacco	Tobacco
Low HMO	Retiree Only	\$ 580.00	\$ 630.00
	Retiree + Child(ren)	\$ 936.00	\$ 986.00
	Retiree + Spouse/(DP)*	\$1,053.00	\$1,103.00
	Retiree + Full Family	\$1,323.00	\$1,373.00
High HMO	Retiree Only	\$ 670.00	\$ 720.00
	Retiree + Child(ren)	\$1,120.00	\$1,170.00
	Retiree + Spouse/(DP)*	\$1,240.00	\$1,290.00
	Retiree + Full Family	\$1,580.00	\$1,630.00
CDHP Medical	Retiree Only	\$ 470.00	\$ 520.00
	Retiree + Child(ren)	\$ 826.00	\$ 876.00
	Retiree + Spouse/(DP)*	\$ 908.00	\$ 958.00
	Retiree + Full Family	\$1,182.00	\$1,232.00

*DP = Domestic Partner

*** IMPORTANT NOTICE:**

2025 medical rates are under negotiation and are expected to increase. Rates reflected as part of the November 4th to 18th Open Enrollment period do not reflect the new rates. Once finalized, the District will share details and open a second enrollment period for medical plans only. The second enrollment period will allow employees to review the finalized medical rates and adjust their medical plan selections accordingly.

DENTAL INSURANCE PLANS - HUMANA

PBCSD DHMO Enhanced	Retiree Only	\$ 15.12
	Retiree + Child(ren)	\$ 32.13
	Retiree + Spouse/(DP)*	\$ 26.46
	Retiree + Full Family	\$ 41.58
PBCSD DHMO Basic	Retiree Only	\$ 11.49
	Retiree + Child(ren)	\$ 24.57
	Retiree + Spouse/(DP)*	\$ 19.98
	Retiree + Full Family	\$ 31.46
PPO High Option	Retiree Only	\$ 33.56
	Retiree + Child(ren)	\$ 92.28
	Retiree + Spouse/(DP)*	\$ 82.23
	Retiree + Full Family	\$124.18
PPO Low Option	Retiree + Only	\$ 26.46
	Retiree + Child(ren)	\$ 72.77
	Retiree + Spouse/(DP)*	\$ 64.83
	Retiree + Full Family	\$ 97.91

*DP = Domestic Partner

VISION INSURANCE PLAN - EYE MED

Eye Med	Retiree Only	\$ 5.45
	Retiree + Full Family	\$14.00