

**2024 ALPINE UNION SCHOOL DISTRICT  
RETIREE BENEFIT COSTS**

Certificated  
Effective January 1, 2024

**RETIREE COST\*  
MONTHLY PREMIUM**

**MEDICAL PLANS**

**(12THLY RATES)**

**KAISER 10 Rx:\$10/\$10 up to a 100-Day Supply**

Employee only	\$0.00
Employee + 1	\$794.00
Employee + 2	\$1,453.00

**UNITEDHEALTHCARE HMO HARMONY 10**

Employee only	\$0.00
Employee + 1	\$693.00
Employee + 2	\$1,306.00

**VEBA Direct HMO \$10**

Employee only	\$0.00
Employee + 1	\$817.00
Employee + 2	\$1,482.00

**UNITEDHEALTHCARE HMO PERFORMANCE NETWORK 3 (PACKAGE A)**

Employee only	\$94.00
Employee + 1	\$843.00
Employee + 2	\$1,518.00

**UNITEDHEALTHCARE ALLIANCE HMO \$20/\$30**

Employee only	\$65.00
Employee + 1	\$911.00
Employee + 2	\$1,608.00

**OUT OF AREA- REIMBURSEMENT OF PRIVATELY OBTAINED INSURANCE**

Employee only- <b>MAX DISTRICT CONTRIBUTION UP TO</b>	\$770.00
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**OUT-OF-AREA CHOICE UMR Plus PPO Non-CA**

Employee only	\$879.00
Employee + 1	\$2,787.00
Employee + 2	\$4,074.00

**OUT-OF-AREA UMR NON-Differential PPO Non-CA**

Employee only	\$1,083.00
Employee + 1	\$3,224.00
Employee + 2	\$4,674.00

**DENTAL PLANS (AB528 RATES)**

**DELTA DENTAL PPO (Plan A)**

Employee only	\$72.15
Employee +1	\$143.22

**DeltaCare (Plan B)- Supercomposite Rate**

Employee Only	\$42.36
Employee + 1	\$74.91

\* All insurance premiums are due one month prior to the effective date of coverage.

\* All monthly premiums are based on 12 months.