

Medicare Retiree and Medicare Dependents cost
NOT Eligible for Lifetime Benefits (Provide the retiree may be
eligible for SUHSD contribution/reimbursement)
Rates Effective from 10/01/2025 to 09/30/2026



SISC Kaiser Permanente Senior Advantage (\$10 office visit)	Retiree Monthly Cost (After SUHSD reimbursement)
Single	\$351.00 minus \$200.00* = \$151.00
Spouse	\$351.00
SISC Kaiser Permanente Senior Advantage (\$25 office visit)	Retiree Monthly Cost (After SUHSD reimbursement)
Single	\$301.00 minus \$200.00* = \$101.00
Spouse	\$301.00
SISC Anthem CompanionCare	Retiree Monthly Cost (After SUHSD reimbursement)
Single	\$469.00 minus \$200.00* = \$269.00 or \$469.00 minus \$257.00** = \$212.00
Spouse	\$469.00
SISC Anthem PPO 100A	Retiree Monthly Cost (After SUHSD reimbursement)
Single	\$670.00 minus \$200.00* = \$470.00 or \$670.00 minus \$257.00*** = \$413.00
Spouse	\$670.00

* SUHSD monthly reimbursement.

** SUHSD reimbursement for retirees formerly enrolled in the UHC PPO (Before 01/01/2023) now enrolled with SISC CompanionCare

*** SUHSD monthly reimbursement for retirees formerly enrolled in the UHC PPO (Before 01/01/2023) now enrolled with SISC Anthem PPO 100A

**SUHSD pays SISC on behalf of retiree or
reimburse retiree (provide the retiree is covering spouse)**

Lifetime Benefits

Rates Effective from 10/01/2025 to 09/30/2026



SISC Kaiser Permanente Senior Advantage (\$10 office visit)	
Single	\$351.00
Spouse (classified retiree)	See Note 1
Spouse (not classified retiree)	\$0.00
SISC Kaiser Permanente Senior Advantage (\$25 office visit)	
Single	\$301.00
Spouse (classified retiree)	See Note 1
Spouse (not classified retiree)	\$0.00
SISC Anthem CompanionCare	
Single	\$469.00
Spouse (classified retiree)	See Note 1
Spouse (not classified retiree)	\$0.00
SISC Anthem PPO 100A	
Single	\$670.00
Spouse (classified retiree)	See Note 1
Spouse (not classified retiree)	\$0.00

NOTE 1: Spouse of OT&P retiree are covered 100% until the retiree reached age 65. Spouse of M&O retiree are 100% covered until the spouse reaches age 65. For the rate applicable to spouses not covered 100%, see the rate for "not classified retiree" in the table above.

NOTE 2: Costs assume that lifetime benefits were earned as a full-time employee. If lifetime benefits were earned as a part-time employee, the Sequoia UHSD will reimburse the retiree a pro-rate share of the full premium. Some retirees qualifying for lifetime benefits may receive a partial reimbursement if total healthcare cost for that class of retiree exceeds 0.88% of general fund revenues.

Cost for Pre-Medicare Retirees and Pre-Medicare Dependents
NOT eligible for Lifetime Benefits. When eligible for SUHSD *\$200.00 reimbursement
Rates Effective from 10/01/2025 to 09/30/2026



SISC Kaiser HMO	Retiree Monthly Cost
Single	\$1,094.00 minus *\$200.00 = \$894.00
2-Party	\$2,188.00

SISC Anthem PPO 80G	Retiree Monthly Cost
Single	\$1,108.00 minus *\$200.00 = \$908.00
2-Party	\$2,220.00

SISC Anthem PPO 90-G	Retiree Monthly Cost
Single	\$1,208.00 minus *\$200.00 = \$1,008.00
2-Party	\$2,426.00

SISC Anthem HMO	Retiree Monthly Cost
Single	\$1,200.00 minus *\$200.00 = \$1,000.00
2 -Party	\$2,410.00

**Cost for Pre-Medicare Retirees and Pre-Medicare Dependents
Eligible for Lifetime Benefits
Rates Effective 10/01/2025 to 09/30/2026**



SISC Kaiser HMO	Retiree Monthly Cost (After SUHSD reimbursement)
Single	\$1,094.00 minus \$1,094.00 = \$0
Spouse (classified retiree)	See Note 1
Spouse (not classified retiree)	\$1,112.00
SISC Anthem PPO 80-G	Retiree Monthly Cost (After SUHSD reimbursement)
Single	\$1,108.00 minus \$1,108.00 = \$0
Spouse (classified retiree)	See Note 1
Spouse (not classified retiree)	\$1,024.00
SISC Anthem PPO 90-G	Retiree Monthly Cost (After SUHSD reimbursement)
Single	1,208.00 minus \$1200.00 = \$8.00
Spouse (classified retiree)	See Note 1
Spouse (not classified retiree)	\$1,218.00
SISC Anthem HMO	Retiree Monthly Cost (After SUHSD reimbursement)
Single	1,200.00 minus \$1200.00 = \$0
Spouse (classified retiree)	See Note 1
Spouse (not classified retiree)	\$1,210.00

NOTE 1: Spouse of OT&P retiree are covered 100% until the retiree reached age 65. Spouse of M&O retiree are 100% covered until the spouse reaches age 65. For the rate applicable to spouses not covered 100%, see the rate for "not classified retiree" in the table above.

NOTE 2: Costs assume that lifetime benefits were earned as a full-time employee. If lifetime benefits were earned as a part-time employee, the Sequoia UHSD will reimburse the retiree a pro-rate share of the full premium. Some retirees qualifying for lifetime benefits may receive a partial reimbursement if total healthcare cost for that class of retiree exceeds 0.88% of general fund revenues.