MONTHLY PAYMENTS

RETIREE COST SUMMARY

Benefit - Early Retirees (under age 65)	Retiree Only	Retiree + 1	Retiree + Family
Kaiser Permanente Traditional HMO	$1,465.73	$2,931.46	$4,148.02
Kaiser Permanente High Deductible HMO	$1,143.03	$2,286.06	$3,234.77
United Healthcare (UHC) Signature Value HMO	$2,018.59	$4,026.08	$5,692.21
United Healthcare (UHC) High Deductible PPO	$1,900.58	$3,790.67	$5,359.31
United Healthcare (UHC) Select Plus PPO	$5,427.69	$10,825.46	$15,305.45
Benefit - Retirees 65+	**Retiree Only**	**Retiree + 1***	**Retiree + Family**
Kaiser Permanente Senior Advantage (KPSA) HMO	$324.14	$648.28	Inquire with District
The Hartford Medicare Supplement PPO[1]	$642.15	$1,284.30	Inquire with District
Benefit - Early Retirees & Retirees 65+	**Retiree Only**	**Retiree + 1**	**Retiree + Family**
Delta Dental (Base Plan)	$57.20	$114.37	$164.91
Delta Dental (Buy-Up Plan)	$69.23	$138.43	$200.96
VSP Vision	$8.38	$16.74	$24.28

The rates illustrated above do not factor in any contribution you may receive from the District.

**assumes both members have Medicare parts A & B; if you need to enroll one person with Medicare and one person without Medicare, please inquire with the District for the applicable rates*

*** If you are a retiree living in Colorado, Oregon, Utah, Washington or Florida your rates and benefits may vary slightly due to state regulations. Please contact the District for details*

MAKING PAYMENTS

If the amount of your health premiums is more than the post retirement contribution you receive from the district, you will receive a bill each month which is due and payable upon receipt. You are billed current, for example; the bill you receive in January 2027 is for January's coverage.

You can either pay by personal check or sign up to have your financial institution issue a check to SRVUSD each month. **We cannot accept wire transfers (ACH), debit or credit cards.** If you have your financial institution automatically pay us each month, you will need to adjust your January 2027 payment to reflect the New Year's amount you owe. This change should be made **after your December payment has been processed.** Please reference the letter you received to determine what your monthly contribution will be in 2027.

When setting up an automatic payment from your bank, make sure to reference your **six-digit alpha numeric SRVUSD Customer ID #** that is located in the lower middle left-hand side, directly below the coverage detail of the invoice we send you (example: A12345). This will assist us in processing your payment timely.

Checks are payable to **the San Ramon Valley Unified School District (SRVUSD)** and mailed to Accounts Receivable, 3131 Crow Canyon Place, Suite 300, San Ramon, CA 94583, Attention: Retiree Benefits.

If payment is not received when due, coverage may lapse and cannot be re-instated.