

**2019-20 Standard Retiree Rates (Age 65+)
Management, Confidential & Board
Anthem Blue Cross with Medicare**

HMO20	\$20 DOV \$5/\$25/\$40 RX Monthly
Single	\$643.62
2~Party (Both w/Medicare)	\$1,287.24
2-Party (One with and one w/o)	\$1,782.28
HMO30	\$30 DOV \$10/\$30/\$60 RX Monthly
Single	\$600.93
2~Party	\$1,201.86
2-Party (One with and one w/o)	\$1,671.45
DHMO40 "Narrow Network"	\$40 DOV / \$250 Admission Co-Pay \$500/1000 Deductible \$10/\$30/\$60 RX Monthly
Single	\$544.65
2~Party	\$1,089.30
2-Party (One with and one w/o)	\$1,514.91
HSA	\$1500/\$3000 Ded then 90/70% \$10/\$30 RX after deductible Monthly
Single	\$729.08
2~Party	\$1,458.16
2-Party (One with and one w/o)	\$2,109.00
	\$19.00

Kaiser Senior Advantage Both Members with Medicare

	\$20 DOV \$10 RX Monthly
Single	\$215.63
2~Party	\$431.26

Kaiser Senior Advantage One w/ Medicare One w/o Medicare

	\$20 DOV \$10 RX Monthly
2~Party Employee with; Spouse w/o	\$930.66
2~Party Employee w/o; Spouse with	\$930.65

Dental

	Monthly
Delta Dental PPO-Incentive	S: \$61.68, 2-pty: \$123.36, F: \$181.96
Delta Dental PPO	S: \$52.05, 2-pty: \$104.10, F: \$153.55
Anthem Dental	S: \$42.57, 2-pty: \$85.14, F: \$125.58
DeltaCare HMO	Single, 2-pty or Family: \$53.15*

*Delta HMO is a composite rate (same cost for all tiers)

Vision

	Monthly
VSP	S:\$5.15, 2-Pty: \$10.30, F: \$15.19
MES	S: \$4.71, 2-Pty: \$9.42; F: \$13.89