

**2019-20 Standard Retiree Rates (Age 65+)  
CSEA - Classified**

**Anthem Blue Cross with Medicare**

HMO20	\$20 DOV \$5/\$25/\$40 RX Monthly
Single	\$621.73
2~Party (Both w/Medicare)	\$1,243.46
2-Party (One with and one w/o)	\$1,758.04
HMO30	\$30 DOV \$10/\$30/\$60 RX Monthly
Single	\$587.88
2~Party	\$1,175.76
2-Party (One with and one w/o)	\$1,669.71
HMO30 Select "Narrow Network"	\$40 DOV \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly
Single	\$539.08
2~Party	\$1,078.16
2-Party (One with and one w/o)	\$1,531.15
DHMO40 "Narrow Network"	\$40 DOV / \$250 Admission Co-Pay \$500/1000 Deductible \$10/\$30/\$60 RX Monthly
Single	\$526.13
2~Party	\$1,052.26
2-Party (One with and one w/o)	\$1,494.40

**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: \$50.72, 2-pty: \$101.44, F: \$149.62
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:\$11.02, 2-Pty: \$22.04, F: \$32.51
MES	S: \$5.07, 2-Pty: \$10.14; F: \$14.96