# 2019-20 Standard Retiree Rates (Age 65+)
# Charter - Certificated and Classified

## Anthem Blue Cross with Medicare

| HMO20 | $20 DOV<br>$5/$25/$40 RX<br>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<br>$10/$30/$60 RX<br>Monthly |
| Single | $600.93 |
| 2~Party | $1,201.86 |
| 2-Party (One with and one w/o) | $1,671.45 |
| DHMO40<br>"Narrow Network" | $40 DOV / $250 Admission Co-Pay<br>$500/1000 Deductible $10/$30/$60 RX<br>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%<br>$10/$30 RX after deductible<br>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<br>$10 RX<br>Monthly |
|---|---|
| Single | $215.63 |
| 2~Party | $431.26 |

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

| | $20 DOV<br>$10 RX<br>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 |