

**2018-19 Early Retiree Rates (Age 55-64)**  
**Management, Confidential & Board**  
**Anthem Blue Cross**

|                                   |  |
|-----------------------------------|--|
| <b>HMO20</b>                      | <b>\$20 DOV<br/>\$5/\$25/\$40 RX<br/>Monthly</b>                                   |
| <b>Single</b>                     | <b>\$662.82</b>  |
| <b>Family</b>                     | <b>\$1,325.64</b>  |
| <b>HMO30</b>                      | <b>\$30 DOV<br/>\$10/\$30/\$60 RX<br/>Monthly</b>                                  |
| <b>Single</b>                     | <b>\$618.88</b>  |
| <b>Family</b>                     | <b>\$1,237.76</b>  |
| <b>HMO40<br/>"Narrow Network"</b> | <b>\$30 DOV<br/>\$19/\$50/\$75 RX<br/>Monthly</b>                                  |
| <b>Single</b>                     | <b>\$560.91</b>  |
| <b>Family</b>                     | <b>\$1,121.82</b>  |
| <b>HSA</b>                        | <b>\$1500/\$3000 Ded then 90/70%<br/>\$10/\$30 RX after deductible<br/>Monthly</b> |
| <b>Single</b>                     | <b>\$769.07</b>  |
| <b>Family</b>                     | <b>\$1,538.14</b>  |

**Kaiser**

|                       |  |
|-----------------------|--|
| <b>Kaiser Hi HMO</b>  | <b>\$20 DOV<br/>\$10 RX</b>  |
| <b>Single</b>         | <b>\$684.29</b>  |
| <b>Family</b>         | <b>\$1,368.58</b>  |
| <b>Kaiser Low HMO</b> | <b>\$20 DOV<br/>\$500/\$1000 ded then 20% coinsurance<br/>\$10/30 RX</b> |
| <b>Single</b>         | <b>\$561.35</b>  |
| <b>Family</b>         | <b>\$1,122.71</b>  |

**Dental**

|                                   |   |
|-----------------------------------|---|
|                                   | <b>Monthly</b>                                  |
| <b>Delta Dental PPO-Incentive</b> | <b>S: \$61.68, 2-pty: \$123.36, F: \$181.96</b> |
| <b>Delta Dental PPO</b>           | <b>S: \$50.72, 2-pty: \$101.44, F: \$149.62</b> |
| <b>Anthem Dental</b>              | <b>S: \$44.81, 2-pty: \$89.62, F: \$132.19</b>  |
| <b>DeltaCare HMO</b>              | <b>Single, 2-pty or Family: \$53.15*</b>        |

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

**Vision**

|            |   |
|------------|---|
|            | <b>Monthly</b>                              |
| <b>VSP</b> | <b>S:\$6.06, 2-Pty: \$12.12, F: \$17.88</b> |
| <b>MES</b> | <b>S: \$4.71, 2-Pty: \$9.42; F: \$13.89</b> |