

2019-20 Certificated Standard Retiree Rates (age 65+)

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)	\$1,441.01
HMO30	\$30 DOV \$10/\$30/\$60 RX Monthly
Single	\$600.93
2~Party	\$1,201.86
2-Party (One with and one w/o)	\$1,345.54
DHMO40	\$40 DOV \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly
Single	\$544.65
2~Party	\$1,089.30
2-Party (One with and one w/o)	\$1,219.54

Anthem Blue Cross H.S.A.

PLAN 1	\$1500/\$3000 90%/70% \$10/\$30 RX Monthly
Single	\$729.08
2~Party	\$1,458.16
2-Party (One with and one w/o)	\$1,639.01

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	\$876.58
2~Party Employee w/o; Spouse with	\$876.55

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: \$41.88, 2-pty: \$83.76, F: \$123.55
DeltaCare HMO	S; 2-Pty; F - \$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