

**2019-20 Standard Retiree Rates (Age 65+)  
Charter Certificated and Classified  
Anthem Blue Cross with Medicare**

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

	<b>\$20 DOV \$10 RX Monthly</b>
Single	\$215.63
2~Party	\$431.26

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

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

**Dental**

	<b>Monthly</b>
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**

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