

2018-19 Certificated Standard Retiree Rates (age 65+)

Anthem Blue Cross with Medicare

HMO20	\$20 DOV \$5/\$25/\$40 RX Monthly
Single	\$631.00
2~Party (Both w/Medicare)	\$1,262.00
2-Party (One with and one w/o)	\$1,412.75
HMO30	\$30 DOV \$10/\$30/\$60 RX Monthly
Single	\$589.15
2~Party	\$1,178.30
2-Party (One with and one w/o)	\$1,319.16
HMO40	\$40 DOV / \$250 Admission Co-Pay \$500/1000 Deductible \$10/\$30/\$60 RX Monthly
Single	\$533.97
2~Party	\$1,067.94
2-Party (One with and one w/o)	\$1,195.63

Anthem Blue Cross H.S.A.

PLAN 1	\$1500/\$3000 90%/70% \$10/\$30 RX Monthly
Single	\$640.95
2~Party	\$1,281.90
2-Party (One with and one w/o)	\$1,440.89

Kaiser Senior Advantage Both Members with Medicare

	\$20 DOV \$10 RX Monthly
Single	\$210.87
2~Party	\$421.74

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

	\$20 DOV \$10 RX Monthly
2~Party Employee with; Spouse w/o	\$843.42
2~Party Employee w/o; Spouse with	\$843.38

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: \$44.08, 2-pty: \$88.16, F: \$130.04
DeltaCare HMO	S; 2-Pty; F - \$53.15*

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

Vision

	Monthly
VSP	S:\$6.06, 2-Pty: \$12.12, F: \$17.88
MES	S: \$4.71, 2-Pty: \$9.42; F: \$13.89