

2018-19 Classified Standard Retiree Rates (Age 65+)

Anthem Blue Cross with Medicare

HMO20	\$20 DOV \$5/\$25/\$40 RX Monthly
Single	\$609.54
2~Party (Both w/Medicare)	\$1,219.08
2-Party (One with and one w/o)	\$1,723.57
HMO30	\$30 DOV \$10/\$30/\$60 RX Monthly
Single	\$576.71
2~Party	\$1,152.42
2-Party (One with and one w/o)	\$1,636.57
HMO30 Select "Narrow Network"	\$30 DOV \$19/\$50/\$70 RX Monthly
Single	\$528.51
2~Party	\$1,057.02
2-Party (One with and one w/o)	\$1,501.13
HMO40 "Narrow Network"	\$40 DOV / \$250 Admission Co-Pay \$500/1000 Deductible \$10/\$30/\$60 RX Monthly
Single	\$515.81
2~Party	\$1,031.62
2-Party (One with and one w/o)	\$1,465.09

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	\$895.16
2~Party Employee w/o; Spouse with	\$895.16

Dental

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

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

Vision

	Monthly
VSP	S:\$12.96, 2-Pty: \$25.92, F: \$38.23
MES	S: \$5.07, 2-Pty: \$10.14; F: \$14.96