

2018-19 Standard Retiree Rates (Age 65+)
Charter - Certificated & Classified
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)	\$1,747.33
HMO30	\$30 DOV \$10/\$30/\$60 RX Monthly
Single	\$589.15
2~Party	\$1,178.30
2-Party (One with and one w/o)	\$1,638.68
HMO40 "Narrow Network"	\$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)	\$1,485.21
HSA	\$1500/\$3000 Ded then 90/70% \$10/\$30 RX after deductible Monthly
Single	\$640.95
2~Party	\$1,281.90
2-Party (One with and one w/o)	\$1,854.23

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 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: \$44.81, 2-pty: \$89.62, F: \$132.19
DeltaCare HMO	Single, 2-pty or Family: \$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

