

**2020-21 Standard Retiree Rates (Age 65+)  
Charter Certificated and Classified  
Anthem Blue Cross with Medicare**

HMO20	\$20 DOV \$5/\$25/\$40 RX Monthly
Single	\$669.36
2~Party (Both w/Medicare)	\$1,338.72
2-Party (One with and one w/o)	\$1,853.57
HMO30	\$30 DOV \$10/\$30/\$60 RX Monthly
Single	\$624.97
2~Party	\$1,249.94
2-Party (One with and one w/o)	\$1,738.31
DHMO40 "Narrow Network"	\$40 DOV / \$250 Admission Co-Pay \$500/1000 Deductible \$10/\$30/\$60 RX Monthly
Single	\$566.44
2~Party	\$1,132.88
2-Party (One with and one w/o)	\$1,575.51
HSA	\$1500/\$3000 Ded then 90/70% \$10/\$30 RX after deductible Monthly
Single	\$729.08
2~Party	\$1,458.16
2-Party (One with and one w/o)	\$2,109.19

**Kaiser Senior Advantage Both Members with Medicare**

	\$20 DOV \$10 RX Monthly
Single	\$214.90
2~Party	\$429.80

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

	\$20 DOV \$10 RX Monthly
2~Party Employee with; Spouse w/o	\$946.07
2~Party Employee w/o; Spouse with	\$946.07

**Dental**

	Monthly
Delta Dental PPO-Incentive	S: \$59.37, 2-pty: \$118.74, F: \$175.14
Delta Dental PPO	S: \$48.82, 2-pty: \$97.64, F: \$144.02
Anthem Dental	S: \$41.62, 2-pty: \$3.24, F: \$122.78
DeltaCare HMO	Single, 2-pty or Family: \$53.15*

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

**Vision**

	Monthly
VSP	S:\$5.10, 2-Pty: \$10.20, F: \$15.05
MES	S: \$4.50, 2-Pty: \$9.00; F: \$13.28