

**2020-21 Standard Retiree Rates (Age 65+)
CSEA - Classified**

Anthem Blue Cross with Medicare

HMO20	\$20 DOV \$5/\$25/\$40 RX Monthly
Single	\$646.60
2~Party (Both w/Medicare)	\$1,293.20
2-Party (One with and one w/o)	\$1,828.36
HMO30	\$30 DOV \$10/\$30/\$60 RX Monthly
Single	\$611.40
2~Party	\$1,222.80
2-Party (One with and one w/o)	\$1,736.50
HMO30 Select "Narrow Network"	\$40 DOV \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly
Single	\$560.64
2~Party	\$1,121.28
2-Party (One with and one w/o)	\$1,592.40
DHMO40 "Narrow Network"	\$40 DOV / \$250 Admission Co-Pay \$500/1000 Deductible \$10/\$30/\$60 RX Monthly
Single	\$547.18
2~Party	\$1,094.36
2-Party (One with and one w/o)	\$1,554.18

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: \$83.24, 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:\$10.98, 2-Pty: \$21.96, F: \$32.39
MES	S: \$4.85, 2-Pty: \$9.70; F: \$14.31