

2002-21 Certificated Standard Retiree Rates (age 65+)

Anthem Blue Cross with Medicare

HMO20	\$20 DOV \$5/\$25/\$40 RX Monthly
Single	\$699.36
2~Party (Both w/Medicare)	\$1,338.72
2-Party (One with and one w/o)	\$1,498.65
HMO30	\$30 DOV \$10/\$30/\$60 RX Monthly
Single	\$624.97
2~Party	\$1,249.94
2-Party (One with and one w/o)	\$1,399.36
DHMO40	\$40 DOV \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly
Single	\$566.44
2~Party	\$1,132.88
2-Party (One with and one w/o)	\$1,268.32

Anthem Blue Cross H.S.A.

PLAN 1	\$1500/\$3000 90%/70% \$10/\$30 RX Monthly
Single	\$729.08
2~Party	\$1,458.16
2-Party (One with and one w/o)	\$1,639.01

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	\$814.72
2~Party Employee w/o; Spouse with	\$814.70

Dental

	Monthly
Delta Dental PPO-Incentive	S-\$59.37; 2-pty-\$118.74; F-\$175.14
Delta Dental PPO	S-\$50.10; 2-pty-\$100.20; F-\$147.80
Anthem Dental	S: \$40.94, 2-pty: \$81.88, F: \$120.77
DeltaCare HMO	S; 2-Pty; F - \$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