

**2022-23 Standard Retiree Rates (Age 65+)**  
**Charter Certificated and Classified**

**Anthem Blue Cross with Medicare**

<b>HMO20</b>	<b>\$20 Office Visit \$5/\$25/\$40 RX Monthly Premium:</b>
<b>Single</b>	<b>\$706.47</b>
<b>2~Party (Both w/Medicare)</b>	<b>\$1,412.94</b>
<b>2-Party (One with and one w/o)</b>	<b>\$1,956.35</b>
<b>HMO30</b>	<b>\$30 Office Visit \$10/\$30/\$60 RX Monthly Premium:</b>
<b>Single</b>	<b>\$659.62</b>
<b>2~Party</b>	<b>\$1,319.24</b>
<b>2-Party (One with and one w/o)</b>	<b>\$1,834.70</b>
<b>DHMO40 Narrow Network</b>	<b>\$40 Office Visit / \$250 Admission Co-Pay \$500/1000 Deductible \$10/\$30/\$60 RX Monthly Premium:</b>
<b>Single</b>	<b>\$597.84</b>
<b>2~Party</b>	<b>\$1,195.68</b>
<b>2-Party (One with and one w/o)</b>	<b>\$1,662.88</b>
<b>HSA</b>	<b>\$1500/\$3000 Ded then 90/70% \$10/\$30 RX after deductible Monthly Premium:</b>
<b>Single</b>	<b>\$761.41</b>
<b>2~Party</b>	<b>\$1,522.82</b>
<b>2-Party (One with and one w/o)</b>	<b>\$2,202.71</b>

**Kaiser Senior Advantage Both Members with Medicare**

	<b>\$20 Office Visit \$10 RX Monthly Premium:</b>
<b>Single</b>	<b>\$179.67</b>
<b>2~Party</b>	<b>\$355.80</b>

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

	<b>\$20 Office Visit \$10 RX Monthly Premium:</b>
<b>2~Party Employee with; Spouse w/o</b>	<b>\$953.92</b>
<b>2~Party Employee w/o; Spouse with</b>	<b>\$953.89</b>

**Dental**

	<b>Monthly Premium:</b>
<b>Delta Dental PPO-Incentive</b>	<b>S: \$53.75, 2-pty: \$107.50, F: \$158.56</b>
<b>Delta Dental PPO</b>	<b>S: \$44.04, 2-pty: \$88.08, F: \$129.92</b>
<b>Anthem Dental</b>	<b>S: \$38.21, 2-pty: \$76.42, F: \$112.72</b>
<b>DeltaCare HMO</b>	<b>Single, 2-pty or Family: \$54.21*</b>

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

**Vision**

	<b>Monthly Premium:</b>
<b>VSP</b>	<b>S:\$4.57, 2-Pty: \$9.14, F: \$13.48</b>
<b>MES</b>	<b>S: \$4.37, 2-Pty: \$8.74; F: \$12.89</b>