

**2022-23 Early Retiree Rates (Age 55-64)**

**CSEA - Classified**

**Anthem Blue Cross**

<b>HMO20</b>	<b>\$20 Office Visit \$5/\$25/\$40 RX Monthly Premium:</b>
<b>Single</b>	<b>\$740.58</b>
<b>Family</b>	<b>\$1,481.16</b>
<b>HMO30</b>	<b>\$30 Office Visit \$10/\$30/\$60 RX Monthly Premium:</b>
<b>Single</b>	<b>\$691.49</b>
<b>Family</b>	<b>\$1,382.98</b>
<b>HMO30 Select - Narrow Network</b>	<b>\$40 Office Visit \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly Premium:</b>
<b>Single</b>	<b>\$642.13</b>
<b>Family</b>	<b>\$1,284.26</b>
<b>DHMO40 Priority Select - Narrow Network</b>	<b>\$30 Office Visit \$19/\$50/\$75 RX Monthly Premium:</b>
<b>Single</b>	<b>\$626.72</b>
<b>Family</b>	<b>\$1,253.44</b>

**Kaiser Permanente HMO**

<b>HMO20</b>	<b>\$20 Office Visit \$10 RX Monthly Premium:</b>
<b>Single</b>	<b>\$777.76</b>
<b>Family</b>	<b>\$1,552.01</b>
<b>DHMO500</b>	<b>\$20 Office Visit / \$10/30 RX \$500/1000 20% Monthly Premium:</b>
<b>Single</b>	<b>\$638.66</b>
<b>Family</b>	<b>\$1,273.81</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:\$9.84, 2-Pty: \$19.68, F: \$29.03</b>
<b>EyeMed</b>	<b>S: \$4.70, 2-Pty: \$9.40; F: \$13.87</b>