

2022-23 Standard Retiree Rates (Age 65+)

CSEA - Classified

Anthem Blue Cross with Medicare

HMO20	\$20 Office Visit \$5/\$25/\$40 RX Monthly Premium:
Single	\$682.46
2~Party (Both w/Medicare)	\$1,364.92
2-Party (One with and one w/o)	\$1,929.74
HMO30	\$30 Office Visit \$10/\$30/\$60 RX Monthly Premium:
Single	\$637.15
2~Party	\$1,274.30
2-Party (One with and one w/o)	\$1,809.78
HMO30 Select- Narrow Network	\$40 Office Visit \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly Premium:
Single	\$591.73
2~Party	\$1,183.46
2-Party (One with and one w/o)	\$1,680.69
DHMO40 Priority Select - Narrow Network	\$40 Office Visit / \$250 Admission Co-Pay \$500/1000 Deductible \$10/\$30/\$60 RX Monthly Premium:
Single	\$577.52
2~Party	\$1,155.04
2-Party (One with and one w/o)	\$1,640.36

Kaiser Senior Advantage Both Members with Medicare

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

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

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

Dental

	Monthly Premium:
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: \$38.21, 2-pty: \$76.42, F: \$112.72
DeltaCare HMO	Single, 2-pty or Family: \$54.21*

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

Vision

	Monthly Premium:
VSP	S:\$9.84, 2-Pty: \$19.68, F: \$29.03
EyeMed	S: \$4.70, 2-Pty: \$9.40; F: \$13.87