

2022-23 Standard Retiree Rates (Age 65+)
Management / Confidential / Board

Anthem Blue Cross with Medicare

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

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: \$53.75, 2-pty: \$107.50, F: \$158.56
Delta Dental PPO	S-\$45.22; 2-pty-\$90.44; F-\$133.40
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:\$4.57, 2-Pty: \$9.14, F: \$13.48
EyeMed	S: \$4.37, 2-Pty: \$8.74; F: \$12.89