

2022-23 Certificated Standard Retiree Rates (age 65+)

PSEA - Certificated

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)	\$1,581.75
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)	\$1,476.95
DHMO40	\$40 Office Visit \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly Premium
Single	\$597.84
2~Party	\$1,195.68
2-Party (One with and one w/o)	\$1,338.65

Anthem Blue Cross H.S.A.

PLAN 1	\$1500/\$3000 90%/70% \$10/\$30 RX Monthly Premium
Single	\$761.41
2~Party	\$1,522.82
2-Party (One with and one w/o)	\$1,711.68

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	\$895.34
2~Party Employee w/o; Spouse with	\$895.32

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: \$37.58 2-pty: \$75.16, F: \$110.86
DeltaCare HMO	S; 2-Pty; F - \$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