

2021-22 Early Retiree Rates (Age 55-64)

CSEA - Classified

Anthem Blue Cross

HMO20	\$20 Office Visit \$5/\$25/\$40 RX Monthly Premium:
Single	\$712.23
Family	\$1,420.92
HMO30	\$30 Office Visit \$10/\$30/\$60 RX Monthly Premium:
Single	\$665.25
Family	\$1,326.96
HMO30 Select Narrow Network	\$40 Office Visit \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly Premium:
Single	\$618.02
Family	\$1,232.50
DHMO40 Priority Select Narrow Network	\$30 Office Visit \$19/\$50/\$75 RX Monthly Premium:
Single	\$603.27
Family	\$1,203.00

Kaiser Permanente HMO

HMO20	\$20 Office Visit \$10 RX Monthly Premium:
Single	\$743.78
Family	\$1,484.05
DHMO500	\$20 Office Visit / \$10/30 RX \$500/1000 20% Monthly Premium:
Single	\$610.79
Family	\$1,218.06

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: \$41.62, 2-pty: \$83.24, F: \$122.78
DeltaCare HMO	Single, 2-pty or Family: \$53.15*

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

Vision

	Monthly Premium:
VSP	S:\$10.98, 2-Pty: \$21.96, F: \$32.39
MES	S: \$4.85, 2-Pty: \$9.70; F: \$14.31