

2021-22 Standard Retiree Rates (Age 65+)

CSEA - Classified

Anthem Blue Cross with Medicare

HMO20	\$20 Office Visit \$5/\$25/\$40 RX Monthly Premium:
Single	\$656.61
2~Party (Both w/Medicare)	\$1,309.68
2-Party (One with and one w/o)	\$1,850.18
HMO30	\$30 Office Visit \$10/\$30/\$60 RX Monthly Premium:
Single	\$613.25
2~Party	\$1,222.96
2-Party (One with and one w/o)	\$1,735.39
HMO30 Select Narrow Network	\$40 Office Visit \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly Premium:
Single	\$569.79
2~Party	\$1,136.04
2-Party (One with and one w/o)	\$1,611.86
DHMO40 Priority Select Narrow Network	\$40 Office Visit / \$250 Admission Co-Pay \$500/1000 Deductible \$10/\$30/\$60 RX Monthly Premium:
Single	\$556.19
2~Party	\$1,108.84
2-Party (One with and one w/o)	\$1,573.26

Kaiser Senior Advantage Both Members with Medicare

	\$20 Office Visit \$10 RX Monthly Premium:
Single	\$197.51
2~Party	\$391.48

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

	\$20 Office Visit \$10 RX Monthly Premium:
2~Party Employee with; Spouse w/o	\$937.78
2~Party Employee w/o; Spouse with	\$937.75

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