

2021-22 Standard Retiree Rates (Age 65+)
Management / Confidential / Board

Anthem Blue Cross with Medicare

HMO20	\$20 Office Visit \$5/\$25/\$40 RX Monthly Premium:
Single	\$679.59
2~Party (Both w/Medicare)	\$1,355.64
2-Party (One with and one w/o)	\$1,875.65
HMO30	\$30 Office Visit \$10/\$30/\$60 RX Monthly Premium:
Single	\$634.76
2~Party	\$1,265.98
2-Party (One with and one w/o)	\$1,759.23
DHMO40 Narrow Network	\$40 Office Visit / \$250 Admission Co-Pay \$500/1000 Deductible \$10/\$30/\$60 RX Monthly Premium:
Single	\$575.64
2~Party	\$1,147.74
2-Party (One with and one w/o)	\$1,594.81
HSA	\$1500/\$3000 Ded then 90/70% \$10/\$30 RX after deductible Monthly Premium:
Single	\$739.91
2~Party	\$1,476.28
2-Party (One with and one w/o)	\$2,133.82

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-\$50.10; 2-pty-\$100.20; F-\$147.80
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:\$5.10, 2-Pty: \$10.20, F: \$15.05
MES	S: \$4.50, 2-Pty: \$9.00; F: \$13.28