

2021-22 Certificated Standard Retiree Rates (age 65+)

**PSEA - Certificated**

**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)	\$1,517.18
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)	\$1,416.89
DHMO40	\$40 Office Visit \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly Premium
Single	\$575.64
2~Party	\$1,147.74
2-Party (One with and one w/o)	\$1,284.54

**Anthem Blue Cross H.S.A.**

PLAN 1	\$1500/\$3000 90%/70% \$10/\$30 RX Monthly Premium
Single	\$739.91
2~Party	\$1,476.28
2-Party (One with and one w/o)	\$1,658.94

**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	\$881.78
2~Party Employee w/o; Spouse with	\$881.75

**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: \$40.94, 2-pty: \$81.88, F: \$120.77
DeltaCare HMO	S; 2-Pty; F - \$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