

HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT
AB MONTHLY RATES: July 1, 2021 - June 30, 2022

Medicare Part 'A':

Hospitalization

Medicare Part 'B':

Medical Services, Supplies, Emergency Services

Anthem PPO

PPO 500 90/70 PPO 500 80/60 PPO Essentials

AGE 65+

WITHOUT 'A' AND 'B'

SINGLE	\$3,274.50	\$3,233.57	\$2,159.41
2-PARTY	\$6,549.00	\$6,467.14	\$4,318.82
FAMILY	\$9,659.78	\$9,539.03	\$6,370.26

AGE 55-65 - EARLY RETIREES OR SURVIVING SPOUSE

SINGLE	\$2,076.80	\$2,050.84	\$1,369.56
2-PARTY	\$4,153.60	\$4,101.68	\$2,739.12
FAMILY	\$6,126.56	\$6,049.98	\$4,040.20

AGE 65+ WITH 'A' AND 'B'

SINGLE	\$1,771.26	\$1,749.12	\$1,168.12
2-PARTY	\$3,542.52	\$3,498.24	\$2,336.24

MEDICARE COORDINATION PLAN - 65+ MEDICARE PRIMARY - ONE WITH MEDICARE ONE WITHOUT

2-PARTY	\$3,979.42	\$3,929.68	\$2,624.07
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Anthem HSA

HSA 1500

AGE 65+ WITHOUT 'A' AND 'B'

SINGLE	\$1,829.79
2-PARTY	\$3,659.58
FAMILY	\$5,397.88

AGE 55-65 - EARLY RETIREES OR SURVIVING SPOUSE

SINGLE	\$1,159.89
2-PARTY	\$2,319.78
FAMILY	\$3,421.68

AGE 65+ WITH Medicare 'A' AND 'B'

SINGLE	\$989.83
2-PARTY	\$1,979.66

MEDICARE COORDINATION PLAN - 65+ MEDICARE PRIMARY - ONE WITH MEDICARE ONE WITHOUT

2-PARTY	\$2,225.22
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<u>Anthem HMO</u>	<u>HMO 20</u>	<u>HMO 30</u>	<u>DHMO 500</u> <u>(Narrow Network)</u>
AGE 65+ WITHOUT 'A' AND 'B'			
SINGLE	\$1,244.38	\$1,185.03	\$1,073.04
2-PARTY	\$2,488.76	\$2,370.06	\$2,146.08
FAMILY	\$3,670.92	\$3,495.84	\$3,165.47
AGE 55-65 - EARLY RETIREES OR SURVIVING SPOUSE			
SINGLE	\$738.85	\$698.77	\$632.72
2-PARTY	\$1,477.70	\$1,397.54	\$1,265.44
FAMILY	\$2,179.61	\$2,061.37	\$1,866.52
AGE 65+ WITH 'A' AND 'B'			
SINGLE	\$680.84	\$643.91	\$583.06
2-PARTY	\$1,361.68	\$1,287.82	\$1,166.12
MEDICARE COORDINATION PLAN - 65+ MEDICARE PRIMARY - ONE WITH MEDICARE ONE WITHOUT			
2-PARTY	\$1,524.41	\$1,441.81	\$1,305.55

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KAISER

HMO 20

DHMO 500

**SENIOR ADVANTAGE
NO CHIRO**

SINGLE	\$179.67	\$179.67
2-PARTY	\$355.80	\$355.80

SENIOR ADVANTAGE: ONE WITH MEDICARE PRIMARY; ONE WITHOUT. NO CHIRO

Two-Party EE (Medicare) - SP (No Medicare)	\$895.34	\$764.93
Two-Party EE (No Medicare) - SP (Medicare)	\$895.32	\$764.89

AB528-CERTIFICATED

SINGLE	\$1,437.14
2-PARTY	\$2,870.74

DELTA DENTAL PPO

AB528-CERTIFICATED

SINGLE	\$107.03
2-PARTY	\$181.94

DELTA CARE USA

**HLPTA, CERTIFICATED
MANAGEMENT AB528**

Single	\$28.40
2-Party	\$51.65
Family	\$76.92