

2024-25 Early Retiree Rates (Age 55-64)
Charter Certificated and Classified
Anthem Blue Cross

HMO20	\$20 Office Visit \$5/\$25/\$40 RX Monthly Premium:
Single	\$845.64
Family	\$1,691.28
HMO30	\$30 Office Visit \$10/\$30/\$60 RX Monthly Premium:
Single	\$789.58
Family	\$1,579.16
DHMO40 Narrow Network	\$30 Office Visit \$19/\$50/\$75 RX Monthly Premium:
Single	\$715.62
Family	\$1,431.24
HSA	\$1600/\$3200 Ded then 90/70% \$10/\$30 RX after deductible Monthly Premium:
Single	\$1,081.33
Family	\$2,162.66

Kaiser Permanente HMO

HMO20	\$20 Office Visit \$10 RX Monthly Premium:
Single	\$921.94
Family	\$1,842.53
DHMO500	\$20 Office Visit / \$10/30 RX \$500/1000 20% Monthly Premium:
Single	\$756.54
Family	\$1,511.75

Dental

	Monthly Premium:
Delta Dental PPO-Incentive	S: \$53.75, 2-pty: \$107.50, F: \$158.56
Delta Dental PPO	S: \$44.04, 2-pty: \$88.08, F: \$129.92
Anthem Dental	S: \$38.21, 2-pty: \$76.42, F: \$112.72
DeltaCare HMO	Single, 2-pty or Family: \$54.21*

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

Vision

	Monthly Premium:
VSP	S:\$4.57, 2-Pty: \$9.14, F: \$13.48
MES	S: \$4.37, 2-Pty: \$8.74; F: \$12.89