

**RETIREE RATES 2024-2025****12THLY****80%  
Contract****60%  
Contract****KAISER HMO 30**

Single Party	\$95.00	\$292.67	\$490.35
Employee +1	\$420.00	\$617.67	\$815.35
Family	\$860.00	\$1,057.67	\$1,255.35
Two-Party w/ spouse on group Kaiser Sr. Advantage	\$100.00	\$297.67	\$495.35

**KAISER REEP SENIOR ADVANTAGE (OVER 65)**

Single Party	\$170.00	\$170.00	\$170.00
Two-Party	\$340.00	\$340.00	\$340.00

**KAISER DEDUCTIBLE HMO 500**

Single Party	\$68.00	\$265.67	\$463.35
Employee +1	\$200.00	\$397.67	\$595.35
Family	\$988.00	\$1,185.67	\$1,383.35

**Anthem DHMO 500 SELECT**

Single Party	\$74.00	\$271.67	\$469.35
Employee +1	\$335.00	\$532.67	\$730.35
Family	\$865.00	\$1,062.67	\$1,260.35

**Anthem HMO 30**

Single Party	\$87.00	\$284.67	\$482.35
Employee +1	\$450.00	\$647.67	\$845.35
Family	\$940.00	\$1,137.67	\$1,335.35

**Anthem PPO500 (CA & OOS)**

Single Party	\$650.00	\$847.67	\$1,045.35
Employee +1	\$2,300.00	\$2,497.67	\$2,695.35
Family	\$4,090.00	\$4,287.67	\$4,485.35

**ABC PPO HSA 1600 (CA & OUT OF STATE)**

Single Party	\$94.00	\$291.67	\$489.35
Employee +1	\$1,000.00	\$1,197.67	\$1,395.35
Family	\$1,100.00	\$1,297.67	\$1,495.35

**ABC PPO HSA 3000 (CA & OUT OF STATE)**

Single Party	\$0.00	\$197.67	\$395.35
Employee +1	\$850.00	\$1,047.67	\$1,245.35
Family	\$1,900.00	\$2,097.67	\$2,295.35

**DELTA DENTAL LIFETIME BENEFIT (AFTER COMPLETING 18 MONTHS OF COBRA COVERAGE)*****\*PLEASE NOTE YOU MUST COMPLETE 18 MONTHS WITH COBRA TO QUALIFY FOR LIFETIME DENTAL***

Single Party \$100.24

Two-Party \$186.25