

# Retiree Health Benefits Rate Sheet 2024



Effective January 1, 2024 through December 31, 2024

## PLAN NAME

UNDER 65 YEARS OF AGE WITH 15 YEARS OF SERVICE	EMPLOYEE COST	DEPENDENT (1)
Anthem Blue Cross PPO	\$0.00	\$1154.25
Kaiser Permanente HMO	\$0.00	\$701.26
United HealthCare HMO	\$0.00	\$1244.76
<b>Dental Insurance</b>		
Delta Dental PPO - 18 months Cobra only	\$54.64	\$109.28
DeltaCare HMO - 18 months Cobra only	\$19.23	\$31.41
<b>Vision Insurance</b>		
VSP Vision Service Plan - 18 months Cobra only - Standard	\$14.71	\$29.43
VSP Vision Service Plan - 18 months Cobra only - Premium	\$21.92	\$43.89
OVER 65 YEARS OF AGE	EMPLOYEE COST	DEPENDENT (1)
Anthem/Blue Cross Companion Care with MediCare A & B	\$420.30	\$840.60
Anthem/Blue Cross PPO with MediCare A & B	\$1039.93	\$2194.18
Kaiser Senior Advantage with MediCare A & B	\$254.01	\$886.48
Kaiser Senior Advantage AB528 - NO MediCare	\$1257.60	\$2515.42
United HealthCare Secure Horizons HMO with MediCare A & B	\$374.65	\$749.30

LESD pays for medical benefits up to age 65 for employees age 55 years and older with a minimum of 15 years of service. Prior to turning 65, you must apply for MediCare parts A&B (effective the first day of your 65<sup>th</sup> year) in order to be eligible for one of our senior plans listed above.

Dental and vision plans are only offered upon retirement as Cobra (18 mths only). New or re-enrollments are not allowed during open enrollment for our dental and vision plans. Cobra coverage through P&A Group (800) 688-2611

Spouses of the unit member may be included in the medical plan provided they are on the plan at the time of retirement and premium costs are assumed by the retiree.

**SPECIAL NOTE: Only our Anthem/Blue Cross PPO and Companion Care (over 65) plans cover out of state retirees.**