2025-26 Early Retiree Rates (Age 55-64)

CSEA - Classified

Anthem Blue Cross

HMO20	$20 Office Visit $5/$25/$40 RX Monthly Premium:
Single	$882.71
Family	$1,765.42
HMO20 Select Narrow Network	$20 Office Visit $5/$25/$40 RX Monthly Premium:
Single	$851.12
Family	$1,702.24
HMO30	$30 Office Visit $10/$30/$60 RX Monthly Premium:
Single	$824.20
Family	$1,648.39
HMO30 Select Narrow Network	$40 Office Visit $500/$1000 Ded $10/$30/$60 RX Monthly Premium:
Single	$765.37
Family	$1,530.74
DHMO500 Priority Select Narrow Network	$40 Office Visit $500/$1000 Ded $10/$30/$60 RX Monthly Premium:
Single	$746.99
Family	$1,493.98

Kaiser Permanente HMO

HMO20	$20 Office Visit $10/$20 RX Monthly Premium:
Single	$978.77
Family	$1,956.37
HMO30	$30 Office Visit $15/35 RX Monthly Premium:
Single	$945.80
Family	$1,890.39
DHMO500	$20 Office Visit / $10/30 RX $500/1000 20% Monthly Premium:
Single	$803.13
Family	$1,605.11
DHMO1000	$30 Office Visit / $10/30 RX $1000/2000 30% Monthly Premium:
Single	$743.22
Family	$1,485.29

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:$9.84, 2-Pty: $19.68, F: $29.03
EyeMed	S: $4.70, 2-Pty: $9.40; F: $13.87