2025-26 Standard Retiree Rates (Age 65+)

CSEA - Classified

Anthem Blue Cross with Medicare

HMO20	$20 Office Visit $5/$25/$40 RX Monthly Premium:
Single	$813.43
2~Party (Both w/Medicare)	$1,626.86
2-Party (One with and one w/o)	$2,300.09
HMO20 Select - Narrow Network	**$20 Office Visit $5/$25/$40 RX Monthly Premium:**
Single	$784.30
2~Party	$1,568.60
2-Party (One with and one w/o)	$2,217.74
HMO30	**$30 Office Visit $10/$30/$60 RX Monthly Premium:**
Single	$759.44
2~Party	$1,518.88
2-Party (One with and one w/o)	$2,157.10
HMO30 Select- Narrow Network	**$40 Office Visit $500/$1000 Ded $10/$30/$60 RX Monthly Premium:**
Single	$705.30
2~Party	$1,410.59
2-Party (One with and one w/o)	$2,003.24
DHMO40 Priority Select - Narrow Network	**$40 Office Visit / $250 Admission Co-Pay $500/1000 Deductible $10/$30/$60 RX Monthly Premium:**
Single	$688.35
2~Party	$1,376.70
2-Party (One with and one w/o)	$1,955.17

Kaiser with Medicare

Kaiser HMO20 Senior Advantage Both Members with Medicare	$20 Office Visit $10 RX Monthly Premium:
Single	$195.12
2~Party	$389.04

Kaiser HMO20 Senior Advantage One w/ Medicare One w/o Medicare	$20 Office Visit $10 RX Monthly Premium:
2~Party Employee with; Spouse w/o	$1,172.72
2~Party Employee w/o; Spouse with	$1,172.69

Kaiser HMO30 Senior Advantage Both Members with Medicare	$30 Office Visit $15 RX Monthly Premium:
Single	$195.12
2~Party	$389.04

Kaiser HMO30 Senior Advantage One w/ Medicare One w/o Medicare	$30 Office Visit $15 RX Monthly Premium:
2~Party Employee with; Spouse w/o	$1,139.71
2~Party Employee w/o; Spouse with	$1,139.72

Kaiser DHMO500 Senior Advantage Both Members with Medicare	$20 Office Visit / $500/1,000 Ded. $10 RX Monthly Premium:
Single	$195.12
2~Party	$389.04

Kaiser DHMO500 Senior Advantage One w/ Medicare One w/o Medicare	$20 Office Visit / $500/1,000 Ded. $10 RX Monthly Premium:
2~Party Employee with; Spouse w/o	$997.10
2~Party Employee w/o; Spouse with	$997.05

Kaiser DHMO1000 Senior Advantage Both Members with Medicare	$30 Office Visit / $1,000/$2,000 Ded. $10 RX Monthly Premium:
Single	$195.12
2~Party	$389.04

Kaiser DHMO1000 Senior Advantage One w/ Medicare One w/o Medicare	$30 Office Visit / $1,000/$2,000 Ded. $10 RX Monthly Premium:
2~Party Employee with; Spouse w/o	$937.19
2~Party Employee w/o; Spouse with	$937.14

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