2025-26 Standard Retiree Rates (Age 65+)

Management / Confidential / Board

Anthem Blue Cross with Medicare

HMO20	$20 Office Visit $5/$25/$40 RX Monthly Premium:
Single	$842.06
2~Party (Both w/Medicare)	$1,684.12
2-Party (One with and one w/o)	$2,331.81
HMO30	**$30 Office Visit $10/$30/$60 RX Monthly Premium:**
Single	$786.22
2~Party	$1,572.43
2-Party (One with and one w/o)	$2,186.81
DHMO40 Narrow Network	**$40 Office Visit / $250 Admission Co-Pay $500/1000 Deductible $10/$30/$60 RX Monthly Premium:**
Single	$712.58
2~Party	$1,425.15
2-Party (One with and one w/o)	$1,982.02
HSA	**$1650/$3300 Ded then 90/70% $10/$30 RX after deductible Monthly Premium:**
Single	$942.64
2~Party	$1,885.29
2-Party (One with and one w/o)	$2,727.00

Kaiser Senior Advantage Both Members with Medicare

	$20 Office Visit $10 RX Monthly Premium:
Single	$195.12
2~Party	$389.04

Kaiser 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

Dental

	Monthly Premium:
Delta Dental PPO-Incentive	S: $53.75, 2-pty: $107.50, F: $158.56
Delta Dental PPO	S-$45.22; 2-pty-$90.44; F-$133.40
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
EyeMed	S: $4.37, 2-Pty: $8.74; F: $12.89