2025-26 Certificated Standard Retiree Rates

PSEA - Certificated

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)	$1,885.31
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)	$1,760.40
DHMO40	**$40 Office Visit $500/$1000 Ded $10/$30/$60 RX Monthly Premium**
Single	$712.58
2~Party	$1,425.15
2-Party (One with and one w/o)	$1,595.56

Anthem Blue Cross HSA & PPO (Medicare Coordination Plan)

HSA 1650	$1650/$3300 90%/70% $10/$30 RX Monthly Premium
Single	$942.64
2~Party	$1,885.29
2-Party (One with and one w/o)	$2,119.10
PPO 500 90/70	**$500/$1500 90%/70% $10/$30 RX Monthly Premium**
Single	$1,686.78
2~Party	$3,373.56
2-Party (One with and one w/o)	$3,789.67

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	$1,098.77
2~Party Employee w/o; Spouse with	$1,098.73

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: $37.58 2-pty: $75.16, F: $110.86
DeltaCare HMO	S; 2-Pty; F - $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