



Pleasant Valley School District

Health Benefit Plans for Retirees

2025/26 MONTHLY RATES

RETIREE, SPOUSE/PARTNER, DEPENDENTS UNDER 65 YEARS OLD						
August 1, 2025 to September 30, 2025 <u>1 Party</u> <u>2 Party</u> <u>Family</u>				October 1, 2025 to September 30, 2026 <u>1 Party</u> <u>2 Party</u> <u>Family</u>		
MEDICAL PLANS:						
<u>HMO Plans</u>						
ANTHEM BC	922.00	1803.00	2403.00	1009.00	1974.00	2630.00
CaliforniaCare				\$20 Office Co-Pay - Prescription Drugs 7-25		
KAISER PERMANENTE	835.00	1627.00	2162.00	913.00	1781.00	2366.00
				\$20 Office Co-Pay - Prescription Drugs 10-20		
<u>PPO Plans</u>						
ANTHEM BC 90-A \$20	1127.00	2214.00	2953.00	1221.00	2397.00	3199.00
				\$20 Office Co-Pay (\$100 individual/\$300 family deductible) Prescription Drugs 5-20		
ANTHEM BC 80-G \$20	956.00	1872.00	2497.00	1037.00	2031.00	2707.00
				\$20 Office Co-Pay (\$500 ind/\$1000 fam deductible) Prescription Drugs 7-25		
ANTHEM BC 80-L \$30	821.00	1606.00	2140.00	892.00	1745.00	2325.00
				\$30 Office Co-Pay (\$2000 individual/\$4000 family deductible) Prescription Drugs 9-35		
Anthem BC 80-M \$40	736.00	1436.00	1911.00	800.00	1560.00	2078.00
				\$40 office co-pay (\$3000 individual/\$6000 family deductible) Prescription Drugs 9-35		
Anthem HSA 1700	812.00	1588.00	2116.00	881.00	1724.00	2298.00
				(\$1700 individual/\$3400 family deductible) Prescription 9-35 after deductible		
DELTA DENTAL:						
Delta PPO Premier	57.52	104.14	160.61	57.52	104.14	160.61
VSP - VISION PLAN:						
Vision Service Plan	13.19	19.77	30.76	13.19	19.77	30.76
RETIREE, SPOUSE/PARTNER OVER 65 YEARS OLD & ENROLLED IN MEDICARE A & B						
August 1, 2025 to September 30, 2025 <u>1 Party</u> <u>2 Party</u>				October 1, 2025 to September 30, 2026 <u>1 Party</u> <u>2 Party</u>		
<u>HMO Plans</u>						
ANTHEM BC Premier	653.00	1306.00		798.00	1596.00	
CaliforniaCare				\$20 Office Co-Pay - Rx 7-25		
KAISER PERMANENTE	215.00	430.00		230.00	460.00	
				\$20 Office Co-Pay - Rx 10-20		
<u>PPO Plans</u>						
ANTHEM BC 100-A 4R001A	608.00	1216.00		670.00	1340.00	
				\$0 Office Co-Pay; Rx 0-20 EGWP		
ANTHEM BC 100-A 4R002A	596.00	1192.00		658.00	1316.00	
(Previously BC100-G-\$20 0-25)				\$0 Office Co-Pay; Rx 0-25 EGWP		
ANTHEM BC 100-A 4R004A	579.00	1158.00		641.00	1282.00	
(Previously BC100-G-\$20 0-35)				\$0 Office Co-Pay; Rx 0-35 EGWP		
BC CompanionCare	419.00	838.00		469.00	938.00	
Individual Medicare Supplement Plan				Medicare Supp; Rx 9-35		
DELTA DENTAL:						
Delta PPO Premier	57.52	104.14		57.52	104.14	
VSP - VISION PLAN:						
Vision Service Plan	13.19	19.77		13.19	19.77	
Contact PVSD's Employee Benefits Specialist for rates not shown above.						