2026-27 Certificated Standard Retiree Rates

PSEA - Certificated

Anthem Blue Cross with Medicare

HMO20	$20 Office Visit $5/$25/$40 RX Monthly Premium
Single	$903.61
2~Party (Both w/Medicare)	$1,807.23
2-Party (One with and one w/o)	$2,023.13
HMO30	**$30 Office Visit $10/$30/$60 RX Monthly Premium**
Single	$843.69
2~Party	$1,687.37
2-Party (One with and one w/o)	$1,889.09
DHMO500 - Select Network	**$40 Office Visit $500/$1000 Ded $10/$30/$60 RX Monthly Premium**
Single	$764.67
2~Party	$1,529.33
2-Party (One with and one w/o)	$1,712.20

Anthem Blue Cross HSA & PPO (Medicare Coordination Plan)

HSA 1700	$1700/$3400 90%/70% $10/$30 RX Monthly Premium
Single	$1,011.55
2~Party	$2,023.10
2-Party (One with and one w/o)	$2,274.01
PPO 500 90/70	**$500/$1500 90%/70% $10/$30 RX Monthly Premium**
Single	$1,810.08
2~Party	$3,620.17
2-Party (One with and one w/o)	$4,066.69

Kaiser Senior Advantage Both Members with Medicare

	$20 Office Visit $10 RX Monthly Premium
Single	$211.15
2~Party	$419.98

Kaiser Senior Advantage One w/ Medicare One w/o Medicare

	$20 Office Visit $10 RX Monthly Premium
2~Party Employee with; Spouse w/o	$1,182.42
2~Party Employee w/o; Spouse with	$1,182.38

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