2026-27 Standard Retiree Rates (Age 65+)

CSEA - Classified

Anthem Blue Cross with Medicare

HMO20	$20 Office Visit $5/$25/$40 RX Monthly Premium:
Single	$872.89
2~Party (Both w/Medicare)	$1,745.78
2-Party (One with and one w/o)	$2,468.23
HMO20 Select - Narrow Network	**$20 Office Visit $5/$25/$40 RX Monthly Premium:**
Single	$841.63
2~Party	$1,683.26
2-Party (One with and one w/o)	$2,379.86
HMO30	**$30 Office Visit $10/$30/$60 RX Monthly Premium:**
Single	$814.96
2~Party	$1,629.91
2-Party (One with and one w/o)	$2,314.78
HMO30 Select - Narrow Network	**$40 Office Visit $500/$1000 Ded $10/$30/$60 RX Monthly Premium:**
Single	$756.86
2~Party	$1,513.70
2-Party (One with and one w/o)	$2,149.68
DHMO500 Select - Narrow Network	**$40 Office Visit / $250 Admission Co-Pay $500/1000 Deductible $10/$30/$60 RX Monthly Premium:**
Single	$738.67
2~Party	$1,477.34
2-Party (One with and one w/o)	$2,098.09

Kaiser with Medicare

Kaiser HMO20 Senior Advantage Both Members with Medicare	$20 Office Visit $10 RX Monthly Premium:
Single	$211.15
2~Party	$419.98

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	$1,261.91
2~Party Employee w/o; Spouse with	$1,261.87

Kaiser HMO30 Senior Advantage Both Members with Medicare	$30 Office Visit $15 RX Monthly Premium:
Single	$211.15
2~Party	$419.98

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	$1,226.43
2~Party Employee w/o; Spouse with	$1,226.44

Kaiser DHMO500 Senior Advantage Both Members with Medicare	$20 Office Visit / $500/1,000 Ded. $10 RX Monthly Premium:
Single	$211.15
2~Party	$419.98

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	$1,073.14
2~Party Employee w/o; Spouse with	$1,073.09

Kaiser DHMO1000 Senior Advantage Both Members with Medicare	$30 Office Visit / $1,000/$2,000 Ded. $10 RX Monthly Premium:
Single	$211.15
2~Party	$419.98

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	$1,008.75
2~Party Employee w/o; Spouse with	$1,008.70

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