2026-27 Standard Retiree Rates (Age 65+)

Management / Confidential / Board

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)	$2,502.27
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)	$2,346.67
DHMO500 Narrow Network	**$40 Office Visit / $250 Admission Co-Pay $500/1000 Deductible $10/$30/$60 RX Monthly Premium:**
Single	$764.67
2~Party	$1,529.33
2-Party (One with and one w/o)	$2,126.91
HSA 1700	**$1700/$3400 Ded then 90/70% $10/$30 RX after deductible Monthly Premium:**
Single	$1,011.55
2~Party	$2,023.10
2-Party (One with and one w/o)	$2,926.34

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

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