

2026-27 Standard Retiree Rates (Age 65+)
Charter Certificated and Classified

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: \$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:\$4.57, 2-Pty: \$9.14, F: \$13.48
Eyemed	S: \$4.37, 2-Pty: \$8.74; F: \$12.89