2026-2027 RETIREE RATES BEFORE 65

Plan Description	Retiree Rate	SMMUSD Contribution	Retiree Contribution
ANTHEM 90% G-PPO (Full Network)			
SINGLE	$1,016.00	$933.00	$83.00
TWO PARTY	$2,042.00	$933.00	$1,109.00
FAMILY	$2,664.00	$933.00	$1,731.00
ANTHEM 80% G-PPO (Full Network)			
SINGLE	$933.00	$933.00	$0.00
TWO PARTY	$1,871.00	$933.00	$938.00
FAMILY	$2,440.00	$933.00	$1,507.00
ANTHEM 80% G-PPO (Select Network)			
SINGLE	$895.00	$895.00	$0.00
TWO PARTY	$1,792.00	$933.00	$859.00
FAMILY	$2,338.00	$933.00	$1,405.00
ANTHEM FULL NETWORK HMO			
SINGLE	$882.00	$882.00	$0.00
TWO PARTY	$1,712.00	$933.00	$779.00
FAMILY	$2,232.00	$933.00	$1,299.00
ANTHEM SELECT NETWORK HMO			
SINGLE	$847.00	$847.00	$0.00
TWO PARTY	$1,642.00	$933.00	$709.00
FAMILY	$2,141.00	$933.00	$1,208.00
KAISER HMO			
SINGLE	$932.00	$932.00	$0.00
TWO PARTY	$1,760.00	$933.00	$827.00
FAMILY	$2,289.00	$933.00	$1,356.00
DELTA DENTAL PPO			
SINGLE	$47.80	$47.80	$0.00
TWO PARTY	$99.00	$47.80	$51.20
FAMILY	$150.20	$47.80	$102.40
DELTA CARES DENTAL HMO			
SINGLE	$28.58	$28.58	$0.00
TWO PARTY	$46.98	$28.58	$18.40
FAMILY	$68.92	$25.58	$43.34
VISION SERVICE PROVIDERS (VSP)			
SINGLE	$9.70	$0.00	$9.70
TWO PARTY	$19.40	$0.00	$19.40
FAMILY	$29.10	$0.00	$29.10
CLASSIFIED, CERTICIFACTED AND MANAGEMENT RETIREES			
SMMUSD shall contribute a maximum amount equal to the single-party Anthem 80% G-PPO Full Network toward the retiree's plan.			
The retiree is responsible for the diffference when a retiree selects a plan that cost more than SMMUSD's contribution.			
Rates are prorated for for employees who were part-time at the time of retirement.			