

**2020-21 Early Retiree Rates (Age 55-64)
Charter Certificated and Classified
Anthem Blue Cross**

HMO20	\$20 DOV \$5/\$25/\$40 RX Monthly
Single	\$703.12
Family	\$1,406.24
HMO30	\$30 DOV \$10/\$30/\$60 RX Monthly
Single	\$656.51
Family	\$1,313.02
DHMO40 "Narrow Network"	\$30 DOV \$19/\$50/\$75 RX Monthly
Single	\$595.02
Family	\$1,190.04
HSA	\$1500/\$3000 Ded then 90/70% \$10/\$30 RX after deductible Monthly
Single	\$874.82
Family	\$1,749.64

Kaiser HMO

HMO20	\$20 DOV \$10 RX Monthly
Single	\$731.17
Family	\$1,462.34
DHMO500	\$20 DOV / \$10/30 RX \$500/1000 20% Monthly
Single	\$599.80
Family	\$1,199.62

Dental

	Monthly
Delta Dental PPO-Incentive	S: \$59.37, 2-pty: \$118.74, F: \$175.14
Delta Dental PPO	S: \$48.82, 2-pty: \$97.64, F: \$144.02
Anthem Dental	S: \$41.62, 2-pty: \$3.24, F: \$122.78
DeltaCare HMO	Single, 2-pty or Family: \$53.15*

*Delta HMO is a composite rate (same cost for all tiers)

VISION

	Monthly
VSP	S:\$5.10, 2-Pty: \$10.20, F: \$15.05
MES	S: \$4.50, 2-Pty: \$9.00; F: \$13.28