

CUSD RETIREE MONTHLY PREMIUM RATE CHART September 1, 2019 – December 31, 2020

ANTHEM HMO (California Care)

Single under 65	\$ 865.18
Single w/ Medicare A & B	\$ 760.16
2-party both under 65	\$ 1,811.87
2-party both w/ Medicare	\$ 1,520.28
2-party 1 w/ Medicare A & B & 1 under 65	\$ 1,711.20

ANTHEM PPO PRUDENT BUYER

Single under 65	\$ 1,168.12
Single w/ Medicare A & B	\$ 713.23
2-party both under 65	\$ 2,351.03
2-party both w/ Medicare A & B	\$ 1,497.78
2-party 1 w/ Medicare A & B & 1 under 65	\$ 1,881.35

KAISER HMO

Single	\$ 660.17
2-party (subscriber + 1 dependent)	\$ 1,320.34
Family (subscriber + 2 or more dependents)	\$ 1,868.28
<i>*Senior Advantage (SRA) mandatory for 65 and older. Requires Medicare A & B & Kaiser approval</i>	
Single w/ SRA	\$ 342.55
2-party both w/ SRA	\$ 685.09
2-party - subscriber w/ SRA + spouse under 65	\$ 1,002.72
2-party - subscriber under 65 + spouse w/ SRA	\$ 1,002.71

TAGCO/HARTFORD Plan 3221 (Requires Medicare A & B)

Single	\$ 493.84	Rate thru 12-31-19
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BRONZE KAISER DEDUCTIBLE HMO PLAN

Single under 65	\$ 590.23
Single Senior Advantage *	\$ 342.55
2-party (subscriber + 1 dependent)	\$ 1,180.45
2-party (subscriber + 1 dependent) Senior Advantage *	\$ 685.09
Family (subscriber + 2 or more dependents)	\$ 1,670.34

BRONZE ANTHEM DEDUCTIBLE HMO PLAN

Single under 65	\$ 696.95
Single w/ Medicare A & B	\$ 612.34
2-party (subscriber + 1 dependent)	\$ 1,439.14
2-party both w/ Medicare A & B	\$ 1,224.64
Family all under 65 (subscriber + 2 or more dependents)	\$ 2,083.31

DELTACARE HMO DENTAL

\$ 54.49

DELTA PPO PREMIER DENTAL

Single	\$ 81.62
2-party (subscriber + 1 dependent)	\$ 159.16
Family (subscriber + 2 or more dependents)	\$ 250.16

VISION SERVICE PLAN

Single	\$ 7.16
2-party (subscriber + 1 dependent)	\$ 14.33
Family (subscriber + 2 or more dependents)	\$ 23.07