

MONTHLY RETIREE PREMIUM RATES OCTOBER 1, 2024 THROUGH SEPTEMBER 30, 2025

For retirees not on the Early Retirement Option (ERO) AND for those retirees over age 65

COVERAGE	TOTAL PREMIUM
Medicare Advantage: Kaiser Senior Advantage – per person	\$329.00
Medicare Supplement: Anthem Companion Care – per person	\$419.00
Kaiser HMO - Single	\$ 908.00
Kaiser HMO - Double	\$ 1,896.00
Kaiser HMO - Family	\$ 2,633.00
Kaiser Deductible Plan with a HSA - Single	\$ 724.00
Kaiser Deductible Plan with a HSA - Double	\$ 1,510.00
Kaiser Deductible Plan with a HSA - Family	\$ 2,096.00
Blue Shield Deductible Plan with a HSA - Single	\$ 801.00
Blue Shield Deductible Plan with a HSA - Double	\$ 1,685.00
Blue Shield Deductible Plan with a HSA - Family	\$ 2,340.00
Blue Shield HMO - Single	\$ 1,012.00
Blue Shield HMO - Double	\$ 2,157.00
Blue Shield HMO - Family	\$ 3,008.00
Blue Shield PPO - Single	\$ 1,127.00
Blue Shield PPO - Double	\$ 2,410.00
Blue Shield PPO - Family	\$ 3,365.00
Retiree dental insurance - Single	\$84.00
Retiree dental insurance - Double	\$169.00
Retiree dental insurance - Family	\$235.85