

2024 Monthly Premium Rates: Non-Medicare-Eligible Retirees

Pre-65 (Non-Medicare-Eligible) Medical Premiums	Monthly County		Monthly Retiree		Cost Share Percentage	
	Without Wellness	With Wellness	Without Wellness	With Wellness	County	Retiree
Retired 2004 and Earlier						
ANTHEM HSA PLAN						
Retiree	\$965.60	\$985.60	\$107.29	\$87.29	90%	10%
Retiree + 1	\$1,845.85	\$1,865.85	\$205.10	\$185.10	90%	10%
Family	\$2,462.77	\$2,482.77	\$273.65	\$253.65	90%	10%
ANTHEM POS PLAN						
Retiree	\$1,232.39	\$1,252.39	\$136.93	\$116.93	90%	10%
Retiree + 1	\$2,274.74	\$2,294.74	\$252.75	\$232.75	90%	10%
Family	\$3,086.43	\$3,106.43	\$342.94	\$322.94	90%	10%
ANTHEM HMO PLAN						
Retiree	\$1,081.84	\$1,101.84	\$120.20	\$100.20	90%	10%
Retiree + 1	\$1,996.76	\$2,016.76	\$221.87	\$201.87	90%	10%
Family	\$2,709.39	\$2,729.39	\$301.05	\$281.05	90%	10%
KAISER HMO PLAN						
Retiree	\$825.17	\$845.17	\$91.68	\$71.68	90%	10%
Retiree + 1	\$1,577.39	\$1,597.39	\$175.27	\$155.27	90%	10%
Family	\$2,106.49	\$2,126.49	\$234.05	\$214.05	90%	10%
Retired 2005						
ANTHEM HSA PLAN						
Retiree	\$911.96	\$931.96	\$160.93	\$140.93	85%	15%
Retiree + 1	\$1,743.31	\$1,763.31	\$307.64	\$287.64	85%	15%
Family	\$2,325.95	\$2,345.95	\$410.47	\$390.47	85%	15%
ANTHEM POS PLAN						
Retiree	\$1,163.93	\$1,183.93	\$205.39	\$185.39	85%	15%
Retiree + 1	\$2,148.36	\$2,168.36	\$379.13	\$359.13	85%	15%
Family	\$2,914.96	\$2,934.96	\$514.41	\$494.41	85%	15%
ANTHEM HMO PLAN						
Retiree	\$1,021.74	\$1,041.74	\$180.30	\$160.30	85%	15%
Retiree + 1	\$1,885.83	\$1,905.83	\$332.80	\$312.80	85%	15%
Family	\$2,558.87	\$2,578.87	\$451.57	\$431.57	85%	15%
KAISER HMO PLAN						
Retiree	\$779.32	\$799.32	\$137.53	\$117.53	85%	15%
Retiree + 1	\$1,489.76	\$1,509.76	\$262.90	\$242.90	85%	15%
Family	\$1,989.46	\$2,009.46	\$351.08	\$331.08	85%	15%

Monthly medical premiums will be \$20 lower if the wellness credit is earned, and \$50 higher if you must pay the tobacco surcharge.

2024 Monthly Premium Rates: Non-Medicare-Eligible Retirees

Pre-65 (Non-Medicare-Eligible) Medical Premiums

	Monthly County		Monthly Retiree		Cost Share Percentage	
	Without Wellness	With Wellness	Without Wellness	With Wellness	County	Retiree
Retired 2006						
ANTHEM HSA PLAN						
Retiree	\$890.50	\$910.50	\$182.39	\$162.39	83%	17%
Retiree + 1	\$1,702.29	\$1,722.29	\$348.66	\$328.66	83%	17%
Family	\$2,271.23	\$2,291.23	\$465.19	\$445.19	83%	17%
ANTHEM POS PLAN						
Retiree	\$1,136.54	\$1,156.54	\$232.78	\$212.78	83%	17%
Retiree + 1	\$2,097.81	\$2,117.81	\$429.68	\$409.68	83%	17%
Family	\$2,846.38	\$2,866.38	\$582.99	\$562.99	83%	17%
ANTHEM HMO PLAN						
Retiree	\$997.70	\$1,017.70	\$204.34	\$184.34	83%	17%
Retiree + 1	\$1,841.46	\$1,861.46	\$377.17	\$357.17	83%	17%
Family	\$2,498.66	\$2,518.66	\$511.78	\$491.78	83%	17%
KAISER HMO PLAN						
Retiree	\$760.99	\$780.99	\$155.86	\$135.86	83%	17%
Retiree + 1	\$1,454.71	\$1,474.71	\$297.95	\$277.95	83%	17%
Family	\$1,942.65	\$1,962.65	\$397.89	\$377.89	83%	17%
Retired 2007–2011						
ANTHEM HSA PLAN						
Retiree	\$858.31	\$878.31	\$214.58	\$194.58	80%	20%
Retiree + 1	\$1,640.76	\$1,660.76	\$410.19	\$390.19	80%	20%
Family	\$2,189.13	\$2,209.13	\$547.29	\$527.29	80%	20%
ANTHEM POS PLAN						
Retiree	\$1,095.46	\$1,115.46	\$273.86	\$253.86	80%	20%
Retiree + 1	\$2,021.99	\$2,041.99	\$505.50	\$485.50	80%	20%
Family	\$2,743.50	\$2,763.50	\$685.87	\$665.87	80%	20%
ANTHEM HMO PLAN						
Retiree	\$961.64	\$981.64	\$240.40	\$220.40	80%	20%
Retiree + 1	\$1,774.90	\$1,794.90	\$443.73	\$423.73	80%	20%
Family	\$2,408.35	\$2,428.35	\$602.09	\$582.09	80%	20%
KAISER HMO PLAN						
Retiree	\$733.48	\$753.48	\$183.37	\$163.37	80%	20%
Retiree + 1	\$1,402.13	\$1,422.13	\$350.53	\$330.53	80%	20%
Family	\$1,872.43	\$1,892.43	\$468.11	\$448.11	80%	20%

Monthly medical premiums will be \$20 lower if the wellness credit is earned, and \$50 higher if you must pay the tobacco surcharge.

2024 Monthly Premium Rates: Non-Medicare-Eligible Retirees

Pre-65 (Non-Medicare-Eligible) Medical Premiums

	Monthly County		Monthly Retiree		Cost Share Percentage	
	Without Wellness	With Wellness	Without Wellness	With Wellness	County	Retiree
Retired 2012–2015						
ANTHEM HSA PLAN						
Retiree	\$836.85	\$856.85	\$236.04	\$216.04	78%	22%
Retiree + 1	\$1,599.74	\$1,619.74	\$451.21	\$431.21	78%	22%
Family	\$2,134.40	\$2,154.40	\$602.02	\$582.02	78%	22%
ANTHEM POS PLAN						
Retiree	\$1,068.07	\$1,088.07	\$301.25	\$281.25	78%	22%
Retiree + 1	\$1,971.44	\$1,991.44	\$556.05	\$536.05	78%	22%
Family	\$2,674.91	\$2,694.91	\$754.46	\$734.46	78%	22%
ANTHEM HMO PLAN						
Retiree	\$937.59	\$957.59	\$264.45	\$244.45	78%	22%
Retiree + 1	\$1,730.53	\$1,750.53	\$488.10	\$468.10	78%	22%
Family	\$2,348.14	\$2,368.14	\$662.30	\$642.30	78%	22%
KAISER HMO PLAN						
Retiree	\$715.14	\$735.14	\$201.71	\$181.71	78%	22%
Retiree + 1	\$1,367.07	\$1,387.07	\$385.59	\$365.59	78%	22%
Family	\$1,825.62	\$1,845.62	\$514.92	\$494.92	78%	22%
Retired 2016 and Later						
ANTHEM HSA PLAN						
Retiree	\$858.31	\$878.31	\$214.58	\$194.58	80%	20%
Retiree + 1	\$1,640.76	\$1,660.76	\$410.19	\$390.19	80%	20%
Family	\$2,189.13	\$2,209.13	\$547.29	\$527.29	80%	20%
ANTHEM POS PLAN						
Retiree	\$1,026.99	\$1,046.99	\$342.33	\$322.33	80%	20%
Retiree + 1	\$1,895.62	\$1,915.62	\$631.87	\$611.87	80%	20%
Family	\$2,572.03	\$2,592.03	\$857.34	\$837.34	80%	20%
ANTHEM HMO PLAN						
Retiree	\$961.64	\$981.64	\$240.40	\$220.40	80%	20%
Retiree + 1	\$1,774.90	\$1,794.90	\$443.73	\$423.73	80%	20%
Family	\$2,408.35	\$2,428.35	\$602.09	\$582.09	80%	20%
KAISER HMO PLAN						
Retiree	\$733.48	\$753.48	\$183.37	\$163.37	80%	20%
Retiree + 1	\$1,402.13	\$1,422.13	\$350.53	\$330.53	80%	20%
Family	\$1,872.43	\$1,892.43	\$468.11	\$448.11	80%	20%

Monthly medical premiums will be \$20 lower if the wellness credit is earned, and \$50 higher if you must pay the tobacco surcharge.

2024 Monthly Premium Rates: Non-Medicare-Eligible Retirees

Pre-65 (Non-Medicare-Eligible) Dental Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
AETNA DENTAL HMO PLAN				
Retiree	\$0	\$17.65	0%	100%
Retiree + 1	\$0	\$34.43	0%	100%
Family	\$0	\$56.50	0%	100%
AETNA DENTAL PPO PLAN				
Retiree	\$0	\$35.39	0%	100%
Retiree + 1	\$0	\$72.57	0%	100%
Family	\$0	\$95.17	0%	100%

Pre-65 (Non-Medicare-Eligible) Vision Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
EYEMED VISION PPO PLAN				
Retiree	\$3.77	\$2.73	58%	42%
Retiree + 1	\$7.73	\$5.60	58%	42%
Family	\$10.14	\$7.34	58%	42%

2024 Monthly Premium Rates: Medicare-Eligible Retirees

Age 65+ (Medicare-Eligible) Medical Premiums

	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
Retired 2004 and Earlier				
AETNA BASIC MEDICARE ADVANTAGE PLAN				
Retiree	\$218.14	\$24.24	90%	10%
Retiree + 1	\$436.28	\$48.48	90%	10%
Family	\$654.43	\$72.71	90%	10%
AETNA ENHANCED MEDICARE ADVANTAGE PLAN				
Retiree	\$218.14	\$71.24	Buy-up	
Retiree + 1	\$436.28	\$142.48	Buy-up	
Family	\$654.43	\$213.71	Buy-up	
KAISER SENIOR ADVANTAGE PLAN				
1 Member	\$164.43	\$18.27	90%	10%
2 Members	\$328.87	\$36.54	90%	10%
3+ Members	\$493.30	\$54.81	90%	10%
ANTHEM MEDICARE HMO PLAN				
Retiree	\$766.42	\$85.16	90%	10%
Family	\$1,447.76	\$160.86	90%	10%
ANTHEM MEDICARE INDEMNITY PLAN				
Retiree	\$521.09	\$130.27	80%	20%
Family	\$1,335.00	\$333.75	80%	20%
ANTHEM MEDICARE PPO PLUS PLAN				
Retiree	\$586.23	\$65.13	90%	10%
Family	\$1,501.87	\$166.88	90%	10%

2024 Monthly Premium Rates: Medicare-Eligible Retirees

Age 65+ (Medicare-Eligible) Medical Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
Retired 2005				
AETNA BASIC MEDICARE ADVANTAGE PLAN				
Retiree	\$206.02	\$36.36	85%	15%
Retiree + 1	\$412.05	\$72.71	85%	15%
Family	\$618.07	\$109.07	85%	15%
AETNA ENHANCED MEDICARE ADVANTAGE PLAN				
Retiree	\$206.02	\$83.36	Buy-up	
Retiree + 1	\$412.05	\$166.71	Buy-up	
Family	\$618.07	\$250.07	Buy-up	
KAISER SENIOR ADVANTAGE PLAN				
1 Member	\$155.30	\$27.40	85%	15%
2 Members	\$310.60	\$54.81	85%	15%
3+ Members	\$465.89	\$82.22	85%	15%
ANTHEM MEDICARE HMO PLAN				
Retiree	\$723.85	\$127.73	85%	15%
Family	\$1,367.33	\$241.29	85%	15%
ANTHEM MEDICARE INDEMNITY PLAN				
Retiree	\$508.06	\$143.30	78%	22%
Family	\$1,301.62	\$367.13	78%	22%
Retired 2006				
AETNA BASIC MEDICARE ADVANTAGE PLAN				
Retiree	\$201.18	\$41.20	83%	17%
Retiree + 1	\$402.35	\$82.41	83%	17%
Family	\$603.53	\$123.61	83%	17%
AETNA ENHANCED MEDICARE ADVANTAGE PLAN				
Retiree	\$201.18	\$88.20	Buy-up	
Retiree + 1	\$402.35	\$176.41	Buy-up	
Family	\$603.53	\$264.61	Buy-up	
KAISER SENIOR ADVANTAGE PLAN				
1 Member	\$151.64	\$31.06	83%	17%
2 Members	\$303.29	\$62.12	83%	17%
3+ Members	\$454.93	\$93.18	83%	17%
ANTHEM MEDICARE HMO PLAN				
Retiree	\$706.81	\$144.77	83%	17%
Family	\$1,335.16	\$273.46	83%	17%
ANTHEM MEDICARE INDEMNITY PLAN				
Retiree	\$501.55	\$149.81	77%	23%
Family	\$1,284.93	\$383.82	77%	23%

2024 Monthly Premium Rates: Medicare-Eligible Retirees

Age 65+ (Medicare-Eligible) Medical Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
Retired 2007–2011				
AETNA BASIC MEDICARE ADVANTAGE PLAN				
Retiree	\$193.90	\$48.48	80%	20%
Retiree + 1	\$387.81	\$96.95	80%	20%
Family	\$581.71	\$145.43	80%	20%
AETNA ENHANCED MEDICARE ADVANTAGE PLAN				
Retiree	\$193.90	\$95.48	Buy-up	
Retiree + 1	\$387.81	\$190.95	Buy-up	
Family	\$581.71	\$286.43	Buy-up	
KAISER SENIOR ADVANTAGE PLAN				
1 Member	\$146.16	\$36.54	80%	20%
2 Members	\$292.33	\$73.08	80%	20%
3+ Members	\$438.49	\$109.62	80%	20%
ANTHEM MEDICARE HMO PLAN				
Retiree	\$681.27	\$170.31	80%	20%
Family	\$1,286.90	\$321.72	80%	20%
ANTHEM MEDICARE INDEMNITY PLAN				
Retiree	\$488.52	\$162.84	75%	25%
Family	\$1,251.56	\$417.19	75%	25%
Retired 2012–2015				
AETNA BASIC MEDICARE ADVANTAGE PLAN				
Retiree	\$189.06	\$53.32	78%	22%
Retiree + 1	\$378.11	\$106.65	78%	22%
Family	\$567.17	\$159.97	78%	22%
AETNA ENHANCED MEDICARE ADVANTAGE PLAN				
Retiree	\$189.06	\$100.32	Buy-up	
Retiree + 1	\$378.11	\$200.65	Buy-up	
Family	\$567.17	\$300.97	Buy-up	
KAISER SENIOR ADVANTAGE PLAN				
1 Member	\$142.51	\$40.19	78%	22%
2 Members	\$285.02	\$80.39	78%	22%
3+ Members	\$427.53	\$120.58	78%	22%
ANTHEM MEDICARE HMO PLAN				
Retiree	\$664.23	\$187.35	78%	22%
Family	\$1,254.73	\$353.89	78%	22%
ANTHEM MEDICARE INDEMNITY PLAN				
Retiree	\$475.50	\$175.86	73%	27%
Family	\$1,218.19	\$450.56	73%	27%

2024 Monthly Premium Rates: Medicare-Eligible Retirees

Age 65+ (Medicare-Eligible) Medical Premiums

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			County	Retiree
Retired 2016 and Later				
AETNA BASIC MEDICARE ADVANTAGE PLAN				
Retiree	\$193.90	\$48.48	80%	20%
Retiree + 1	\$387.81	\$96.95	80%	20%
Family	\$581.71	\$145.43	80%	20%
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Retiree	\$193.90	\$95.48	Buy-up	
Retiree + 1	\$387.81	\$190.95	Buy-up	
Family	\$581.71	\$286.43	Buy-up	
KAISER SENIOR ADVANTAGE PLAN				
1 Member	\$146.16	\$36.54	80%	20%
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Retiree	\$681.27	\$170.31	80%	20%
Family	\$1,286.90	\$321.72	80%	20%
ANTHEM MEDICARE INDEMNITY PLAN				
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Family	\$1,251.56	\$417.19	75%	25%

2024 Monthly Premium Rates: Medicare-Eligible Retirees

Age 65+ (Medicare-Eligible) Dental Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
AETNA DENTAL HMO PLAN				
Retiree	\$0	\$17.65	0%	100%
Family	\$0	\$41.01	0%	100%
AETNA DENTAL PPO PLAN				
Retiree	\$0	\$35.39	0%	100%
Family	\$0	\$80.57	0%	100%

Age 65+ (Medicare-Eligible) Vision Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
EYEMED VISION PPO PLAN				
Retiree	\$3.77	\$2.73	58%	42%
Family	\$8.58	\$6.22	58%	42%