

2026 Monthly Premium Rates: Non-Medicare-Eligible Retirees

Pre-65 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	\$973.03	\$993.03	\$108.11	\$88.11	90%	10%
Retiree + 1	\$1,860.05	\$1,880.05	\$206.67	\$186.67	90%	10%
Family	\$2,481.72	\$2,501.72	\$275.74	\$255.74	90%	10%
ANTHEM POS PLAN						
Retiree	\$1,241.87	\$1,261.87	\$137.99	\$117.99	90%	10%
Retiree + 1	\$2,292.23	\$2,312.23	\$254.70	\$234.70	90%	10%
Family	\$3,110.17	\$3,130.17	\$345.58	\$325.58	90%	10%
ANTHEM HMO PLAN						
Retiree	\$1,090.16	\$1,110.16	\$121.13	\$101.13	90%	10%
Retiree + 1	\$2,012.12	\$2,032.12	\$223.57	\$203.57	90%	10%
Family	\$2,730.23	\$2,750.23	\$303.36	\$283.36	90%	10%
KAISER HMO PLAN						
Retiree	\$960.00	\$980.00	\$106.67	\$86.67	90%	10%
Retiree + 1	\$1,835.15	\$1,855.15	\$203.90	\$183.90	90%	10%
Family	\$2,450.70	\$2,470.70	\$272.30	\$252.30	90%	10%
KAISER SPLIT FAMILY HMO PLAN (FOR FAMILIES WITH MEMBERS OVER AGE 65 AND UNDER AGE 65)						
U65 Retiree + 1 SA Dep	\$1,141.44		\$126.83		90%	10%
U65 Retiree + 1 SA Dep + 1 or more Non-SA Dep	\$1,886.79		\$209.64		90%	10%
U65 Retiree + 2 SA Dep + 1 or more Non-SA Dep	\$1,322.88		\$146.99		90%	10%

Note: SA = Senior Advantage

Monthly medical premiums will be \$20 lower if the wellness credit is earned for all non-Medicare-eligible retirees and \$50 higher if you must pay the tobacco surcharge.

2026 Monthly Premium Rates: Non-Medicare-Eligible Retirees

Pre-65 Medical Premiums

	Monthly County		Monthly Retiree		Cost Share Percentage	
	Without Wellness	With Wellness	Without Wellness	With Wellness	County	Retiree
Retired 2005						
ANTHEM HSA PLAN						
Retiree	\$918.97	\$938.97	\$162.17	\$142.17	85%	15%
Retiree + 1	\$1,756.71	\$1,776.71	\$310.01	\$290.01	85%	15%
Family	\$2,343.84	\$2,363.84	\$413.62	\$393.62	85%	15%
ANTHEM POS PLAN						
Retiree	\$1,172.88	\$1,192.88	\$206.98	\$186.98	85%	15%
Retiree + 1	\$2,164.89	\$2,184.89	\$382.04	\$362.04	85%	15%
Family	\$2,937.38	\$2,957.38	\$518.37	\$498.37	85%	15%
ANTHEM HMO PLAN						
Retiree	\$1,029.60	\$1,049.60	\$181.69	\$161.69	85%	15%
Retiree + 1	\$1,900.34	\$1,920.34	\$335.35	\$315.35	85%	15%
Family	\$2,578.55	\$2,598.55	\$455.04	\$435.04	85%	15%
KAISER HMO PLAN						
Retiree	\$906.67	\$926.67	\$160.00	\$140.00	85%	15%
Retiree + 1	\$1,733.19	\$1,753.19	\$305.86	\$285.86	85%	15%
Family	\$2,314.55	\$2,334.55	\$408.45	\$388.45	85%	15%
KAISER SPLIT FAMILY HMO PLAN (FOR FAMILIES WITH MEMBERS OVER AGE 65 AND UNDER AGE 65)						
U65 Retiree + 1 SA Dep	\$1,078.03		\$190.24		85%	15%
U65 Retiree + 1 SA Dep + 1 or more Non-SA Dep	\$1,781.97		\$314.47		85%	15%
U65 Retiree + 2 SA Dep + 1 or more Non-SA Dep	\$1,249.39		\$220.48		85%	15%

Note: SA = Senior Advantage

Monthly medical premiums will be \$20 lower if the wellness credit is earned for all non-Medicare-eligible retirees and \$50 higher if you must pay the tobacco surcharge.

2026 Monthly Premium Rates: Non-Medicare-Eligible Retirees

Pre-65 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	\$897.35	\$917.35	\$183.79	\$163.79	83%	17%
Retiree + 1	\$1,715.38	\$1,735.38	\$351.34	\$331.34	83%	17%
Family	\$2,288.69	\$2,308.69	\$468.77	\$448.77	83%	17%
ANTHEM POS PLAN						
Retiree	\$1,145.28	\$1,165.28	\$234.58	\$214.58	83%	17%
Retiree + 1	\$2,113.95	\$2,133.95	\$432.98	\$412.98	83%	17%
Family	\$2,868.27	\$2,888.27	\$587.48	\$567.48	83%	17%
ANTHEM HMO PLAN						
Retiree	\$1,005.37	\$1,025.37	\$205.92	\$185.92	83%	17%
Retiree + 1	\$1,855.62	\$1,875.62	\$380.07	\$360.07	83%	17%
Family	\$2,517.88	\$2,537.88	\$515.71	\$495.71	83%	17%
KAISER HMO PLAN						
Retiree	\$885.34	\$905.34	\$181.33	\$161.33	83%	17%
Retiree + 1	\$1,692.41	\$1,712.41	\$346.64	\$326.64	83%	17%
Family	\$2,260.09	\$2,280.09	\$462.91	\$442.91	83%	17%
KAISER SPLIT FAMILY HMO PLAN (FOR FAMILIES WITH MEMBERS OVER AGE 65 AND UNDER AGE 65)						
U65 Retiree + 1 SA Dep	\$1,052.66		\$215.61		83%	17%
U65 Retiree + 1 SA Dep + 1 or more Non-SA Dep	\$1,740.04		\$356.39		83%	17%
U65 Retiree + 2 SA Dep + 1 or more Non-SA Dep	\$1,219.99		\$249.88		83%	17%

Note: SA = Senior Advantage

Monthly medical premiums will be \$20 lower if the wellness credit is earned for all non-Medicare-eligible retirees and \$50 higher if you must pay the tobacco surcharge.

2026 Monthly Premium Rates: Non-Medicare-Eligible Retirees

Pre-65 Medical Premiums

	Monthly County		Monthly Retiree		Cost Share Percentage	
	Without Wellness	With Wellness	Without Wellness	With Wellness	County	Retiree
Retired 2007–2011						
ANTHEM HSA PLAN						
Retiree	\$864.91	\$884.91	\$216.23	\$196.23	80%	20%
Retiree + 1	\$1,653.38	\$1,673.38	\$413.34	\$393.34	80%	20%
Family	\$2,205.97	\$2,225.97	\$551.49	\$531.49	80%	20%
ANTHEM POS PLAN						
Retiree	\$1,103.89	\$1,123.89	\$275.97	\$255.97	80%	20%
Retiree + 1	\$2,037.54	\$2,057.54	\$509.39	\$489.39	80%	20%
Family	\$2,764.60	\$2,784.60	\$691.15	\$671.15	80%	20%
ANTHEM HMO PLAN						
Retiree	\$969.03	\$989.03	\$242.26	\$222.26	80%	20%
Retiree + 1	\$1,788.55	\$1,808.55	\$447.14	\$427.14	80%	20%
Family	\$2,426.87	\$2,446.87	\$606.72	\$586.72	80%	20%
KAISER HMO PLAN						
Retiree	\$853.34	\$873.34	\$213.33	\$193.33	80%	20%
Retiree + 1	\$1,631.24	\$1,651.24	\$407.81	\$387.81	80%	20%
Family	\$2,178.40	\$2,198.40	\$544.60	\$524.60	80%	20%
KAISER SPLIT FAMILY HMO PLAN (FOR FAMILIES WITH MEMBERS OVER AGE 65 AND UNDER AGE 65)						
U65 Retiree + 1 SA Dep	\$1,014.62		\$253.65		80%	20%
U65 Retiree + 1 SA Dep + 1 or more Non-SA Dep	\$1,677.15		\$419.29		80%	20%
U65 Retiree + 2 SA Dep + 1 or more Non-SA Dep	\$1,175.90		\$293.97		80%	20%

Note: SA = Senior Advantage

Monthly medical premiums will be \$20 lower if the wellness credit is earned for all non-Medicare-eligible retirees and \$50 higher if you must pay the tobacco surcharge.

2026 Monthly Premium Rates: Non-Medicare-Eligible Retirees

Pre-65 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	\$843.29	\$863.29	\$237.85	\$217.85	78%	22%
Retiree + 1	\$1,612.04	\$1,632.04	\$454.68	\$434.68	78%	22%
Family	\$2,150.82	\$2,170.82	\$606.64	\$586.64	78%	22%
ANTHEM POS PLAN						
Retiree	\$1,076.29	\$1,096.29	\$303.57	\$283.57	78%	22%
Retiree + 1	\$1,986.60	\$2,006.60	\$560.33	\$540.33	78%	22%
Family	\$2,695.48	\$2,715.48	\$760.27	\$740.27	78%	22%
ANTHEM HMO PLAN						
Retiree	\$944.81	\$964.81	\$266.48	\$246.48	78%	22%
Retiree + 1	\$1,743.84	\$1,763.84	\$491.85	\$471.85	78%	22%
Family	\$2,366.20	\$2,386.20	\$667.39	\$647.39	78%	22%
KAISER HMO PLAN						
Retiree	\$832.00	\$852.00	\$234.67	\$214.67	78%	22%
Retiree + 1	\$1,590.46	\$1,610.46	\$448.59	\$428.59	78%	22%
Family	\$2,123.94	\$2,143.94	\$599.06	\$579.06	78%	22%
KAISER SPLIT FAMILY HMO PLAN (FOR FAMILIES WITH MEMBERS OVER AGE 65 AND UNDER AGE 65)						
U65 Retiree + 1 SA Dep	\$989.25		\$279.02		78%	22%
U65 Retiree + 1 SA Dep + 1 or more Non-SA Dep	\$1,635.22		\$461.22		78%	22%
U65 Retiree + 2 SA Dep + 1 or more Non-SA Dep	\$1,146.50		\$323.37		78%	22%

Note: SA = Senior Advantage

Monthly medical premiums will be \$20 lower if the wellness credit is earned for all non-Medicare-eligible retirees and \$50 higher if you must pay the tobacco surcharge.

2026 Monthly Premium Rates: Non-Medicare-Eligible Retirees

Pre-65 Medical Premiums

	Monthly County		Monthly Retiree		Cost Share Percentage	
	Without Wellness	With Wellness	Without Wellness	With Wellness	County	Retiree
Retired 2016 and Later						
ANTHEM HSA PLAN						
Retiree	\$864.91	\$884.91	\$216.23	\$196.23	80%	20%
Retiree + 1	\$1,653.38	\$1,673.38	\$413.34	\$393.34	80%	20%
Family	\$2,205.97	\$2,225.97	\$551.49	\$531.49	80%	20%
ANTHEM POS PLAN						
Retiree	\$1,034.89	\$1,054.89	\$344.97	\$324.97	75%	25%
Retiree + 1	\$1,910.19	\$1,930.19	\$636.74	\$616.74	75%	25%
Family	\$2,591.81	\$2,611.81	\$863.94	\$843.94	75%	25%
ANTHEM HMO PLAN						
Retiree	\$969.03	\$989.03	\$242.26	\$222.26	80%	20%
Retiree + 1	\$1,788.55	\$1,808.55	\$447.14	\$427.14	80%	20%
Family	\$2,426.87	\$2,446.87	\$606.72	\$586.72	80%	20%
KAISER HMO PLAN						
Retiree	\$853.34	\$873.34	\$213.33	\$193.33	80%	20%
Retiree + 1	\$1,631.24	\$1,651.24	\$407.81	\$387.81	80%	20%
Family	\$2,178.40	\$2,198.40	\$544.60	\$524.60	80%	20%
KAISER SPLIT FAMILY HMO PLAN (FOR FAMILIES WITH MEMBERS OVER AGE 65 AND UNDER AGE 65)						
U65 Retiree + 1 SA Dep	\$1,014.62		\$253.65		80%	20%
U65 Retiree + 1 SA Dep + 1 or more Non-SA Dep	\$1,677.15		\$419.29		80%	20%
U65 Retiree + 2 SA Dep + 1 or more Non-SA Dep	\$1,175.90		\$293.97		80%	20%

Note: SA = Senior Advantage

Monthly medical premiums will be \$20 lower if the wellness credit is earned for all non-Medicare-eligible retirees and \$50 higher if you must pay the tobacco surcharge.

2026 Monthly Premium Rates: Non-Medicare-Eligible Retirees

Pre-65 Dental Premiums

Pre-65 Dental Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
AETNA DENTAL HMO PLAN				
Retiree	\$0	\$17.47	0%	100%
Retiree + 1	\$0	\$34.09	0%	100%
Family	\$0	\$55.94	0%	100%
AETNA DENTAL PPO PLAN				
Retiree	\$0	\$39.05	0%	100%
Retiree + 1	\$0	\$80.08	0%	100%
Family	\$0	\$105.01	0%	100%

Pre-65 Vision Premiums

Pre-65 Vision Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
SUPERIOR 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%

Pre-65 Supplemental Life Premiums

	Monthly Retiree Cost
Dependent Spouse and Child Life Insurance	\$2.89

2026 Monthly Premium Rates: Medicare-Eligible Retirees

Age 65+ Medical Premiums

Age 65+ Medical Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
Retired 2004 and Earlier				
HUMANA BASIC MEDICARE ADVANTAGE PLAN				
Retiree	\$259.82	\$28.87	90%	10%
Retiree + 1	\$519.64	\$57.74	90%	10%
Family	\$779.46	\$86.61	90%	10%
HUMANA ENHANCED MEDICARE ADVANTAGE PLAN				
Retiree	\$259.82	\$82.95	Buy-up	
Retiree + 1	\$519.64	\$165.90	Buy-up	
Family	\$779.46	\$248.85	Buy-up	
KAISER SENIOR ADVANTAGE PLAN				
1 Member	\$181.44	\$20.16	90%	10%
2 Members	\$362.88	\$40.32	90%	10%
3+ Members	\$544.32	\$60.48	90%	10%
KAISER SPLIT FAMILY HMO PLAN (FOR FAMILIES WITH MEMBERS OVER AGE 65 AND UNDER AGE 65)				
SA Retiree + 1 Non-SA Dep	\$889.85	\$98.87	90%	10%
SA Retiree + 1 or more Non-SA Dep	\$1,418.36	\$157.60	90%	10%
SA Retiree + 1 SA Dep + 1 or more Non-SA Dep	\$1,071.29	\$119.03	90%	10%
ANTHEM MEDICARE HMO PLAN				
Retiree	\$772.32	\$85.81	90%	10%
Family	\$1,458.90	\$162.10	90%	10%
ANTHEM MEDICARE INDEMNITY PLAN				
Retiree	\$525.10	\$131.27	80%	20%
Family	\$1,345.27	\$336.31	80%	20%
ANTHEM MEDICARE PPO PLUS PLAN				
Retiree	\$590.74	\$65.63	90%	10%
Family	\$1,513.42	\$168.16	90%	10%

Note: SA = Senior Advantage

2026 Monthly Premium Rates: Medicare-Eligible Retirees

Age 65+ Medical Premiums

Age 65+ Medical Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
Retired 2005				
HUMANA BASIC MEDICARE ADVANTAGE PLAN				
Retiree	\$245.39	\$43.30	85%	15%
Retiree + 1	\$490.77	\$86.61	85%	15%
Family	\$736.16	\$129.91	85%	15%
HUMANA ENHANCED MEDICARE ADVANTAGE PLAN				
Retiree	\$245.39	\$97.38	Buy-up	
Retiree + 1	\$490.77	\$194.77	Buy-up	
Family	\$736.16	\$292.15	Buy-up	
KAISER SENIOR ADVANTAGE PLAN				
1 Member	\$171.36	\$30.24	85%	15%
2 Members	\$342.72	\$60.48	85%	15%
3+ Members	\$514.08	\$90.72	85%	15%
KAISER SPLIT FAMILY HMO PLAN (FOR FAMILIES WITH MEMBERS OVER AGE 65 AND UNDER AGE 65)				
SA Retiree + 1 Non-SA Dep	\$840.41	\$148.31	85%	15%
SA Retiree + 1 or more Non-SA Dep	\$1,339.56	\$236.39	85%	15%
SA Retiree + 1 SA Dep + 1 or more Non-SA Dep	\$1,011.77	\$178.55	85%	15%
ANTHEM MEDICARE HMO PLAN				
Retiree	\$729.41	\$128.72	85%	15%
Family	\$1,377.85	\$243.15	85%	15%
ANTHEM MEDICARE INDEMNITY PLAN				
Retiree	\$511.97	\$144.40	78%	22%
Family	\$1,311.63	\$369.95	78%	22%

Note: SA = Senior Advantage

2026 Monthly Premium Rates: Medicare-Eligible Retirees

Age 65+ Medical Premiums

Age 65+ Medical Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
Retired 2006				
HUMANA BASIC MEDICARE ADVANTAGE PLAN				
Retiree	\$239.61	\$49.08	83%	17%
Retiree + 1	\$479.23	\$98.15	83%	17%
Family	\$718.84	\$147.23	83%	17%
HUMANA ENHANCED MEDICARE ADVANTAGE PLAN				
Retiree	\$239.61	\$103.16	Buy-up	
Retiree + 1	\$479.23	\$206.31	Buy-up	
Family	\$718.84	\$309.47	Buy-up	
KAISER SENIOR ADVANTAGE PLAN				
1 Member	\$167.33	\$34.27	83%	17%
2 Members	\$334.66	\$68.54	83%	17%
3+ Members	\$501.98	\$102.82	83%	17%
KAISER SPLIT FAMILY HMO PLAN (FOR FAMILIES WITH MEMBERS OVER AGE 65 AND UNDER AGE 65)				
SA Retiree + 1 Non-SA Dep	\$820.64	\$168.08	83%	17%
SA Retiree + 1 or more Non-SA Dep	\$1,308.04	\$267.91	83%	17%
SA Retiree + 1 SA Dep + 1 or more Non-SA Dep	\$987.97	\$202.35	83%	17%
ANTHEM MEDICARE HMO PLAN				
Retiree	\$712.25	\$145.88	83%	17%
Family	\$1,345.43	\$275.57	83%	17%
ANTHEM MEDICARE INDEMNITY PLAN				
Retiree	\$505.41	\$150.96	77%	23%
Family	\$1,294.82	\$386.76	77%	23%

Note: SA = Senior Advantage

2026 Monthly Premium Rates: Medicare-Eligible Retirees

Age 65+ Medical Premiums

Age 65+ Medical Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
Retired 2007–2011				
HUMANA BASIC MEDICARE ADVANTAGE PLAN				
Retiree	\$230.95	\$57.74	80%	20%
Retiree + 1	\$461.90	\$115.48	80%	20%
Family	\$692.86	\$173.21	80%	20%
HUMANA ENHANCED MEDICARE ADVANTAGE PLAN				
Retiree	\$230.95	\$111.82	Buy-up	
Retiree + 1	\$461.90	\$223.64	Buy-up	
Family	\$692.86	\$335.45	Buy-up	
KAISER SENIOR ADVANTAGE PLAN				
1 Member	\$161.28	\$40.32	80%	20%
2 Members	\$322.56	\$80.64	80%	20%
3+ Members	\$483.84	\$120.96	80%	20%
KAISER SPLIT FAMILY HMO PLAN (FOR FAMILIES WITH MEMBERS OVER AGE 65 AND UNDER AGE 65)				
SA Retiree + 1 Non-SA Dep	\$790.98	\$197.74	80%	20%
SA Retiree + 1 or more Non-SA Dep	\$1,260.76	\$315.19	80%	20%
SA Retiree + 1 SA Dep + 1 or more Non-SA Dep	\$952.26	\$238.06	80%	20%
ANTHEM MEDICARE HMO PLAN				
Retiree	\$686.51	\$171.62	80%	20%
Family	\$1,296.80	\$324.20	80%	20%
ANTHEM MEDICARE INDEMNITY PLAN				
Retiree	\$492.28	\$164.09	75%	25%
Family	\$1,261.19	\$420.39	75%	25%

Note: SA = Senior Advantage

2026 Monthly Premium Rates: Medicare-Eligible Retirees

Age 65+ Medical Premiums

Age 65+ Medical Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
Retired 2012–2015				
HUMANA BASIC MEDICARE ADVANTAGE PLAN				
Retiree	\$225.18	\$63.51	78%	22%
Retiree + 1	\$450.36	\$127.02	78%	22%
Family	\$675.53	\$190.54	78%	22%
HUMANA ENHANCED MEDICARE ADVANTAGE PLAN				
Retiree	\$225.18	\$117.59	Buy-up	
Retiree + 1	\$450.36	\$235.18	Buy-up	
Family	\$675.53	\$352.78	Buy-up	
KAISER SENIOR ADVANTAGE PLAN				
1 Member	\$157.25	\$44.35	78%	22%
2 Members	\$314.50	\$88.70	78%	22%
3+ Members	\$471.74	\$133.06	78%	22%
KAISER SPLIT FAMILY HMO PLAN (FOR FAMILIES WITH MEMBERS OVER AGE 65 AND UNDER AGE 65)				
SA Retiree + 1 Non-SA Dep	\$771.20	\$217.52	78%	22%
SA Retiree + 1 or more Non-SA Dep	\$1,229.24	\$346.71	78%	22%
SA Retiree + 1 SA Dep + 1 or more Non-SA Dep	\$928.45	\$261.87	78%	22%
ANTHEM MEDICARE HMO PLAN				
Retiree	\$669.34	\$188.79	78%	22%
Family	\$1,264.38	\$356.62	78%	22%
ANTHEM MEDICARE INDEMNITY PLAN				
Retiree	\$479.15	\$177.22	73%	27%
Family	\$1,227.55	\$454.03	73%	27%

Note: SA = Senior Advantage

2026 Monthly Premium Rates: Medicare-Eligible Retirees

Age 65+ Medical Premiums

Age 65+ Medical Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
Retired 2016 and Later				
HUMANA BASIC MEDICARE ADVANTAGE PLAN				
Retiree	\$230.95	\$57.74	80%	20%
Retiree + 1	\$461.90	\$115.48	80%	20%
Family	\$692.86	\$173.21	80%	20%
HUMANA ENHANCED MEDICARE ADVANTAGE PLAN				
Retiree	\$230.95	\$111.82	Buy-up	
Retiree + 1	\$461.90	\$223.64	Buy-up	
Family	\$692.86	\$335.45	Buy-up	
KAISER SENIOR ADVANTAGE PLAN				
1 Member	\$161.28	\$40.32	80%	20%
2 Members	\$322.56	\$80.64	80%	20%
3+ Members	\$483.84	\$120.96	80%	20%
KAISER SPLIT FAMILY HMO PLAN (FOR FAMILIES WITH MEMBERS OVER AGE 65 AND UNDER AGE 65'S)				
SA Retiree + 1 Non-SA Dep	\$790.98	\$197.74	80%	20%
SA Retiree + 1 or more Non-SA Dep	\$1,260.76	\$315.19	80%	20%
SA Retiree + 1 SA Dep + 1 or more Non-SA Dep	\$952.26	\$238.06	80%	20%
ANTHEM MEDICARE HMO PLAN				
Retiree	\$686.51	\$171.62	80%	20%
Family	\$1,296.80	\$324.20	80%	20%
ANTHEM MEDICARE INDEMNITY PLAN				
Retiree	\$492.28	\$164.09	75%	25%
Family	\$1,261.19	\$420.39	75%	25%

Note: SA = Senior Advantage

Age 65+ Dental Premiums

Age 65+ Dental Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
AETNA DENTAL HMO PLAN				
Retiree	\$0	\$17.47	0%	100%
Family	\$0	\$40.60	0%	100%
AETNA DENTAL PPO PLAN				
Retiree	\$0	\$39.05	0%	100%
Family	\$0	\$88.91	0%	100%

Age 65+ Vision Premiums

Age 65+ Vision Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
SUPERIOR VISION PPO PLAN				
Retiree	\$3.77	\$2.73	58%	42%
Family	\$8.58	\$6.22	58%	42%

Age 65+ Supplemental Life Premiums

	Monthly Retiree Cost
Dependent Spouse and Child Life Insurance	\$2.89