



2024 MONTHLY HEALTHCARE PREMIUMS for Retirees and Beneficiaries

KAISER HMO	Low (\$10 copay)		Silver (\$25 copay)	
Non-Medicare Retirees	2023	2024	2023	2024
One Person	\$903.81	\$1,027.87	\$816.48	\$945.52
Two Persons	\$1,807.62	\$2,055.73	\$1,632.96	\$1,891.04
Family (All Under 65)	\$2,404.14	\$2,734.12	\$2,171.83	\$2,515.08
Medicare Retirees	2023	2024	2023	2024
One Person Over 65 with Senior Advantage and Parts A & B	\$338.89	\$353.24	\$246.28	\$279.59
Senior Advantage Enrollment with Part B Only	\$648.89	\$663.24	\$556.28	\$589.59

WESTERN HEALTH ADVANTAGE HMO	\$15 C	\$15 Copay		\$25 Copay	
Non-Medicare Retirees	2023	2024	2023	2024	
One Person	\$758.54	\$815.12	\$713.04	\$766.23	
Two Persons	\$1,517.10	\$1,630.26	\$1,426.07	\$1,532.44	
Family (All Under 65)	\$2,017.73	\$2,168.24	\$1,896.67	\$2,038.15	
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	\$20 Copay	
Medicare Retirees	2023	2024
Per Person	\$335.00	\$350.08

TEAMSTERS ANTHEM BLUE CROSS PPO			
Non-Medicare Retirees	2023	2024	
One Person	\$899.12	\$944.08	
Two Persons	\$1,804.51	\$1,894.74	
Family (All Under 65)	\$2,523.81	\$2,650.00	

UNITEDHEALTHCARE GROUP MEDICARE ADVANTAGE PPO		
Medicare Retirees	2023	2024
Per Person	\$402.50	\$418.60

DELTA DENTAL			
All Retirees	2023	2024	
One Person	\$54.09	\$52.46	
Two Persons	\$100.73	\$97.70	
Family	\$157.46	\$152.72	

The rates <u>above</u> do not apply to retirees from City of San Rafael or Novato Fire Protection District. Retirees from these agencies should contact their employer for information on health insurance.

VSP VISION CARE			
All Retirees, All Employers	2023	2024	The VSP Vision Care plan is available to
One Person	\$10.51	\$10.51	retirees of all employers. Premiums are <u>not</u> covered by your benefit plan subsidy. The
Two Persons	\$20.53	\$20.53	retiree is responsible for <u>all</u> VSP Vision Care
Family	\$24.05	\$24.05	premiums.