



## 2021 MONTHLY HEALTHCARE PREMIUMS for Retirees and Beneficiaries

KAISER HMO		Low (\$5 copay)		Silver (\$25 copay)	
Non-Medicare Retirees		2020	2021	2020	2021
One Person		\$854.99	<b>\$812.24</b>	\$772.35	<b>\$733.72</b>
Two Persons		\$1,709.98	<b>\$1,624.48</b>	\$1,544.70	<b>\$1,467.44</b>
Family (All Under 65)		\$2,274.27	<b>\$2,160.56</b>	\$2,054.45	<b>\$1,951.70</b>
Medicare Retirees		2020	2021	2020	2021
One Person Over 65 with Senior Advantage		\$380.05	<b>\$373.98</b>	\$276.19	<b>\$271.69</b>
Senior Advantage Enrollment with Part B Only		\$690.05	<b>\$683.98</b>	\$586.19	<b>\$581.69</b>

ANTHEM BLUE CROSS PPO			
Non-Medicare Retirees		2020	2021
One Person		\$782.20	<b>\$827.31</b>
Two Persons		\$1,564.40	<b>\$1,660.62</b>
Family (All Under 65)		\$2,190.16	<b>\$2,322.47</b>

WESTERN HEALTH ADVANTAGE HMO			
Non-Medicare Retirees		2020	2021
One Person		\$857.28	<b>\$741.63</b>
Two Persons		\$1,714.57	<b>\$1,483.27</b>
Family (All Under 65)		\$2,280.37	<b>\$1,972.74</b>

UNITEDHEALTHCARE GROUP MEDICARE ADVANTAGE PPO			
Medicare Retirees		2020	2021
One Person		\$439.67	<b>\$410.71</b>
Two Persons		\$879.34	<b>\$821.42</b>

DELTA DENTAL			
All Retirees		2020	2021
One Person		\$52.67	<b>\$52.67</b>
Two Persons		\$99.33	<b>\$99.33</b>
Family		\$156.04	<b>\$156.04</b>

The rates above 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		2020	2021	The VSP Vision Care plan is <u>not</u> covered by your benefit plan subsidy. The retiree is responsible for <u>all</u> VSP Vision Care premiums.
One Person		\$10.51	<b>\$10.51</b>	
Two Persons		\$20.53	<b>\$20.53</b>	
Family		\$24.05	<b>\$24.05</b>	