



RETIREE HEALTH INSURANCE RATES

Rates for Kaiser Medicare Plus and UHC Medicare Advantage Effective January 1, 2021 - December 31, 2021

All Other Rates Effective July 1, 2020 - June 30, 2021

KAISER HMO SIGNATURE			
Level of Coverage	Total Monthly Premium	School Board Contribution*	Retiree Contribution
Retiree Only	\$ 585.50	\$ 265.00	\$ 320.50
Dependent of Retiree	\$ 585.50	\$ -	\$ 585.50
Retiree plus One	\$ 1,122.82	\$ 265.00	\$ 857.82
Retiree plus Family	\$ 1,559.43	\$ 265.00	\$ 1,294.43

KAISER MEDICARE PLUS Effective 1/1/2021 - 12/31/2021			
Level of Coverage	Total Monthly Premium	School Board Contribution*	Retiree Contribution
Retiree Only	\$ 243.17	\$ 243.17	\$ -
Dependent of Retiree	\$ 243.17	\$ -	\$ 243.17

UNITED HEALTHCARE CHOICE PLUS - POS			
Level of Coverage	Total Monthly Premium	School Board Contribution*	Retiree Contribution
Retiree Only	\$ 834.16	\$ 265.00	\$ 569.16
Dependent of Retiree	\$ 834.16	\$ -	\$ 834.16
Retiree plus One	\$ 1,602.02	\$ 265.00	\$ 1,337.02
Retiree plus Family	\$ 2,225.81	\$ 265.00	\$ 1,960.81

UNITED HEALTHCARE MEDICARE ADVANTAGE Effective 1/1/2021 - 12/31/2021			
Level of Coverage	Total Monthly Premium	School Board Contribution*	Retiree Contribution
Retiree Only	\$ 356.81	\$ 265.00	\$ 91.81
Dependent of Retiree	\$ 356.81	\$ -	\$ 356.81

CAREFIRST BLUEDENTAL PLUS			
Level of Coverage	Total Monthly Premium	School Board Contribution	Retiree Contribution
Retiree Only	\$ 43.42	\$ -	\$ 43.42
Dependent of Retiree	\$ 43.42	\$ -	\$ 43.42
Retiree plus One	\$ 70.74	\$ -	\$ 70.74
Retiree plus Family	\$ 113.86	\$ -	\$ 113.86

EYEMED VISION			
Level of Coverage	Total Monthly Premium	School Board Contribution	Retiree Contribution
Retiree Only	\$ 6.34	\$ -	\$ 6.34
Dependent of Retiree	\$ 6.34	\$ -	\$ 6.34
Retiree plus One	\$ 12.05	\$ -	\$ 12.05
Retiree plus Family	\$ 17.70	\$ -	\$ 17.70

* School Board contribution maximum amount is \$265 per month. School Board contributions vary based on date of hire and years of service at retirement.