



## 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, 2021 - June 30, 2022

KAISER HMO SIGNATURE			
Level of Coverage	Total Monthly Premium	School Board Contribution*	Retiree Contribution
Retiree Only	\$ 596.74	\$ 265.00	\$ 331.74
Dependent of Retiree	\$ 596.74	\$ -	\$ 596.74
Retiree plus One	\$ 1,144.37	\$ 265.00	\$ 879.37
Retiree plus Family	\$ 1,589.35	\$ 265.00	\$ 1,324.35

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	\$ 44.79	\$ -	\$ 44.79
Dependent of Retiree	\$ 44.79	\$ -	\$ 44.79
Retiree plus One	\$ 72.97	\$ -	\$ 72.97
Retiree plus Family	\$ 117.45	\$ -	\$ 117.45

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.