

**FY21- HEALTH INSURANCE RATES
RETIREES**

| | MONTHLY RATE |
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| TRADITIONAL MEDICARE SUPPLEMENTAL | \$773.70 |
| TRIPLE OPTION | |
| INDIVIDUAL | \$1,343.09 |
| PARENT/CHILD | \$2,641.21 |
| EMPLOYEE/SPOUSE | \$3,344.68 |
| FAMILY | \$4,119.47 |
| BLUECHOICE OPT-OUT PLUS | |
| INDIVIDUAL | \$1,030.22 |
| PARENT/CHILD | \$1,966.38 |
| EMPLOYEE/SPOUSE | \$2,424.56 |
| FAMILY | \$3,186.25 |
| OVER 65/MEDICARE ELIGIBLE | \$692.07 |
| KAISER PERMANENTE SELECT | |
| INDIVIDUAL | \$774.79 |
| PARENT/CHILD(REN) | \$1,544.92 |
| EMPLOYEE/SPOUSE | \$1,748.53 |
| EMPLOYEE/CHILDREN | \$1,544.92 |
| FAMILY | \$2,387.89 |
| OVER 65/MEDICARE ELIGIBLE | \$313.05 |
| PPO PLUS PREMIER DENTAL | |
| INDIVIDUAL | \$32.94 |
| PARENT/CHILD | \$52.46 |
| EMPLOYEE/SPOUSE | \$72.51 |
| FAMILY | \$96.73 |
| PPO DENTAL | |
| INDIVIDUAL | \$28.13 |
| PARENT/CHILD | \$44.75 |
| EMPLOYEE/SPOUSE | \$62.01 |
| FAMILY | \$82.52 |
| VISION | |
| INDIVIDUAL | \$3.24 |
| PARENT/CHILD | \$5.81 |
| EMPLOYEE/SPOUSE | \$7.07 |

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| FAMILY | |
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| | \$8.05 |
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