

2024 - 2025 RETIREE RATES BEFORE 65

Plan Description	Retiree Rate	SMMUSD Contribution	Retiree Contribution
ANTHEM 90% G-PPD (Full Network)			
SINGLE	\$891.00	\$821.00	\$70.00
TWO PARTY	\$1,785.00	\$821.00	\$964.00
FAMILY	\$2,328.00	\$821.00	\$1,507.00
ANTHEM 80% G-PPD (Full Network)			
SINGLE	\$821.00	\$821.00	\$0.00
TWO PARTY	\$1,639.00	\$821.00	\$818.00
FAMILY	\$2,137.00	\$821.00	\$1,316.00
ANTHEM 80% G-PPD (Select Network)			
SINGLE	\$788.00	\$788.00	\$0.00
TWO PARTY	\$1,572.00	\$821.00	\$751.00
FAMILY	\$2,049.00	\$821.00	\$1,228.00
ANTHEM FULL NETWORK HMO			
SINGLE	\$798.00	\$798.00	\$0.00
TWO PARTY	\$1,592.00	\$821.00	\$771.00
FAMILY	\$2,075.00	\$821.00	\$1,254.00
ANTHEM SELECT NETWORK HMO			
SINGLE	\$766.00	\$766.00	\$0.00
TWO PARTY	\$1,527.00	\$821.00	\$706.00
FAMILY	\$1,990.00	\$821.00	\$1,169.00
KAISER HMO			
SINGLE	\$809.00	\$809.00	\$0.00
TWO PARTY	\$1,617.00	\$821.00	\$796.00
FAMILY	\$2,102.00	\$821.00	\$1,281.00
DELTA DENTAL PPO			
SINGLE	\$55.38	\$55.38	\$0.00
TWO PARTY	\$109.88	\$55.38	\$54.50
FAMILY	\$140.64	\$55.38	\$85.26
DELTA CARES DENTAL HMO			
SINGLE	\$28.08	\$28.08	\$0.00
TWO PARTY	\$46.48	\$28.08	\$18.40
FAMILY	\$68.42	\$28.08	\$40.34
UNITED HEALTH CARE VISION			
SINGLE	\$8.02	\$0.00	\$8.02
TWO PARTY	\$13.29	\$0.00	\$13.29
FAMILY	\$19.85	\$0.00	\$19.85
VISION SERVICE PROVIDERS (VSP)			
SINGLE	\$8.23	\$0.00	\$8.23
TWO PARTY	\$17.17	\$0.00	\$17.17
FAMILY	\$24.64	\$0.00	\$24.64

CLASSIFIED, CERTIFICATED AND MANAGEMENT RETIREES

SMMUSD shall contribute a maximum amount equal to the single-party Anthem 80% G-PPD Full Network toward the retiree's plan.

The retiree is responsible for the difference when a retiree selects a plan that cost more than SMMUSD's contribution.

Rates are prorated for employees who were part-time at the time of retirement.