

2025 - 2026 RETIREE RATES BEFORE 65

Plan Description	Retiree Rate	SMMUSD Contribution	Retiree Contribution
ANTHEM 90% G-PPD (Full Network)			
SINGLE	\$959.00	\$883.00	\$76.00
TWO PARTY	\$1,921.00	\$883.00	\$1,038.00
FAMILY	\$2,505.00	\$883.00	\$1,622.00
ANTHEM 80% G-PPD (Full Network)			
SINGLE	\$883.00	\$883.00	\$0.00
TWO PARTY	\$1,764.00	\$883.00	\$881.00
FAMILY	\$2,300.00	\$883.00	\$1,417.00
ANTHEM 80% G-PPD (Select Network)			
SINGLE	\$848.00	\$848.00	\$0.00
TWO PARTY	\$1,691.00	\$883.00	\$808.00
FAMILY	\$2,205.00	\$883.00	\$1,322.00
ANTHEM FULL NETWORK HMO			
SINGLE	\$858.00	\$858.00	\$0.00
TWO PARTY	\$1,712.00	\$883.00	\$829.00
FAMILY	\$2,232.00	\$883.00	\$1,349.00
ANTHEM SELECT NETWORK HMO			
SINGLE	\$825.00	\$825.00	\$0.00
TWO PARTY	\$1,642.00	\$883.00	\$759.00
FAMILY	\$2,141.00	\$883.00	\$1,258.00
KAISER HMO			
SINGLE	\$880.00	\$880.00	\$0.00
TWO PARTY	\$1,760.00	\$883.00	\$877.00
FAMILY	\$2,289.00	\$883.00	\$1,406.00
DELTA DENTAL PPO			
SINGLE	\$57.00	\$57.00	\$0.00
TWO PARTY	\$114.00	\$57.00	\$57.00
FAMILY	\$150.00	\$57.00	\$93.00
DELTA CARES DENTAL HMO			
SINGLE	\$28.58	\$28.58	\$0.00
TWO PARTY	\$46.98	\$28.58	\$18.40
FAMILY	\$68.92	\$25.58	\$43.34
VISION SERVICE PROVIDERS (VSP)			
SINGLE	\$9.70	\$0.00	\$9.70
TWO PARTY	\$19.40	\$0.00	\$19.40
FAMILY	\$29.10	\$0.00	\$29.10
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 for employees who were part-time at the time of retirement.			