

2024 - 2025 MEDICARE RETIREE RATES		
SMMUSD MEDICARE PLANS		
CompanionCare Medicare Supplement		
Plan Monthly Premium	\$	419.00
District Contribution	\$	167.60
Retiree Contribution	\$	251.40
Kaiser Permanente Senior Advantage		
Plan Monthly Premium		\$215.00
District Contribution		\$86.00
Retiree Contribution		\$29.00
Blue Shield 65+ Medicare Advantage		
Plan Monthly Premium		\$335.00
District Contribution		\$134.00
Retiree Contribution		\$201.00
DENTAL AND VISION		
Delta Dental Premier Dental PPO	18 months	After 18 months
SINGLE	\$ 56.49	107.99
TWO PARTY	\$ 112.08	195.04
FAMILY	\$ 168.77	215.45
Delta Cares Dental HMO		
SINGLE	\$ 28.64	32.86
TWO PARTY	\$ 47.41	54.38
FAMILY	\$ 69.79	80.07
United Healthcare Vision		
SINGLE	\$ 8.18	N/A
TWO PARTY	\$ 13.56	N/A
FAMILY	\$ 20.25	N/A
Vision Service Plan (VSP)		
SINGLE	\$ 8.39	N/A
TWO PARTY	\$ 17.51	N/A
FAMILY	\$ 25.13	N/A
COBRA COVERAGE ENDS 18 MONTHS AFTER YOUR RETIREMENT		