

2023 - 2024 RETIREE RATES BEFORE 65

Plan Description	Retiree Rate	SMMUSD Contribution	Retiree Contribution
ANTHEM 90% G-PPD (Full Network)			
SINGLE	\$853.00	\$786.00	\$67.00
TWO PARTY	\$1,707.00	\$786.00	\$921.00
FAMILY	\$2,225.00	\$786.00	\$1,439.00
ANTHEM 80% G-PPD (Full Network)			
SINGLE	\$786.00	\$786.00	\$0.00
TWO PARTY	\$1,568.00	\$786.00	\$782.00
FAMILY	\$2,044.00	\$786.00	\$1,258.00
ANTHEM 80% G-PPD (Select Network)			
SINGLE	\$755.00	\$755.00	\$0.00
TWO PARTY	\$1,504.00	\$786.00	\$718.00
FAMILY	\$1,960.00	\$786.00	\$1,174.00
ANTHEM FULL NETWORK HMO			
SINGLE	\$764.00	\$764.00	\$0.00
TWO PARTY	\$1,523.00	\$786.00	\$737.00
FAMILY	\$1,984.00	\$786.00	\$1,198.00
ANTHEM SELECT NETWORK HMO			
SINGLE	\$734.00	\$734.00	\$0.00
TWO PARTY	\$1,461.00	\$786.00	\$675.00
FAMILY	\$1,904.00	\$786.00	\$1,118.00
KAISER HMO			
SINGLE	\$773.00	\$773.00	\$0.00
TWO PARTY	\$1,547.00	\$786.00	\$761.00
FAMILY	\$2,011.00	\$786.00	\$1,225.00
DELTA DENTAL PPO			
SINGLE	\$58.45	\$58.45	\$0.00
TWO PARTY	\$115.96	\$58.45	\$57.51
FAMILY	\$148.43	\$58.45	\$89.98
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	\$8.31	\$0.00	\$8.31
TWO PARTY	\$17.34	\$0.00	\$17.34
FAMILY	\$24.89	\$0.00	\$24.89

CLASSIFIED, CERTIFICATED AND MANAGEMENT RETIREES

SMMUSD shall contribute a maximum amount equal to the single-party Anthem 80% G-PPD Full Network (\$786) 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.