

**2018-2019 Medical Insurance Premiums  
Certificated Retirees**

**CAPPED AMOUNT: \$ 13,851.00**

**12 Pay Premium**

	Blue Cross Plan 1 w/A	Blue Cross Plan 1 w/C	Blue Cross Plan 3 w/B	Blue Cross Plan 4 w/C	Blue Cross Plan 6 w/B	Blue Cross Plan 6 w/C	Blue Cross Plan 8 w/B	Blue Cross Plan 8 w/C	Blue Cross Plan 10 w/C
Single	\$ 1,517.00	\$ 1,487.00	\$ 1,396.00	\$ 1,324.00	\$ 1,242.00	\$ 1,222.00	\$ 1,131.00	\$ 1,111.00	\$ 867.00
Single + 1	\$ 2,608.00	\$ 2,557.00	\$ 2,402.00	\$ 2,277.00	\$ 2,138.00	\$ 2,103.00	\$ 1,945.00	\$ 1,910.00	\$ 1,491.00
Single + Fmly	\$ 3,290.00	\$ 3,225.00	\$ 3,030.00	\$ 2,872.00	\$ 2,696.00	\$ 2,652.00	\$ 2,453.00	\$ 2,409.00	\$ 1,881.00

	CVT Bronze Plan	PPO Wellness w/C	Kaiser 1 (Traditional)	Kaiser 3	Kaiser 4	Kaiser 6	Kaiser 7	High Deductible Health Plan 1	High Deductible Health Plan 2
Single	\$ 660.00	\$ 1,252.00	\$ 1,431.00	\$ 1,338.00	\$ 1,313.00	\$ 1,328.00	\$ 1,264.00	\$ 800.00	\$ 715.00
Single + 1	\$ 1,135.00	\$ 2,153.00	\$ 2,460.00	\$ 2,300.00	\$ 2,258.00	\$ 2,283.00	\$ 2,173.00	\$ 1,375.00	\$ 1,229.00
Single + Fmly	\$ 1,432.00	\$ 2,716.00	\$ 3,103.00	\$ 2,901.00	\$ 2,848.00	\$ 2,880.00	\$ 2,742.00	\$ 1,735.00	\$ 1,550.00

	Blue Cross Plan 1 w/A + Medicare A&B	Blue Cross Plan 4 w/C + Medicare A&B	Blue Cross Plan 6 w/C + Medicare A&B	Blue Cross Plan 8 w/C + Medicare A&B	Kaiser 1 w/Senior Advantage/ Subscriber Only	Delta Dental	Vision Services
Single	\$ 523.00	\$ 457.00	\$ 437.00	\$ 414.00	\$ 375.00	\$ 66.90	\$ 14.60
Single + 1	\$ 1,000.00	\$ 874.00	\$ 832.00	\$ 783.00	\$ -	\$ 121.17	\$ 27.12
Single + Fmly	\$ 1,361.00	\$ 1,187.00	\$ 1,361.00	\$ 1,056.00	\$ -	\$ 174.19	\$ 41.76