

## 2020-2021 Medical Insurance Premiums - Certificated Retirees

**CAPPED AMOUNT: \$ 14,488.70**

**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	\$ 1,711.00	\$ 1,678.00	\$ 1,577.00	\$ 1,494.00	\$ 1,403.00	\$ 1,380.00	\$ 1,277.00	\$ 1,254.00	\$ 979.00
Single + 1	\$ 2,943.00	\$ 2,886.00	\$ 2,713.00	\$ 2,569.00	\$ 2,413.00	\$ 2,373.00	\$ 2,197.00	\$ 2,157.00	\$ 1,684.00
Single + Fmly	\$ 3,713.00	\$ 3,641.00	\$ 3,422.00	\$ 3,242.00	\$ 3,045.00	\$ 2,995.00	\$ 2,771.00	\$ 2,721.00	\$ 2,124.00

	CVT Bronze Plan	PPO Wellness w/C	Kaiser 1 (Traditional)	Kaiser 4	Kaiser 6	Kaiser 7	High Deductible Health Plan 1	High Deductible Health Plan 2
Single	\$ 744.00	\$ 1,413.00	\$ 1,509.00	\$ 1,385.00	\$ 1,401.00	\$ 1,334.00	\$ 902.00	\$ 807.00
Single + 1	\$ 1,280.00	\$ 2,430.00	\$ 2,595.00	\$ 2,381.00	\$ 2,408.00	\$ 2,293.00	\$ 1,552.00	\$ 1,388.00
Single + Fmly	\$ 1,614.00	\$ 3,066.00	\$ 3,274.00	\$ 3,004.00	\$ 3,038.00	\$ 2,892.00	\$ 1,958.00	\$ 1,752.00

	Sutter/AETNA EPO-100	Sutter/AETNA EPO-90	Sutter/AETNA EPO-80	Sutter/AETNA EPO-70	Kaiser 1 w/Senior Advantage/ Subscriber Only	Delta Dental	Vision Services
Single	\$ 1,357.00	\$ 1,223.00	\$ 1,088.00	\$ 808.00	\$ 379.00	\$ 61.35	\$ 13.49
Single + 1	\$ 2,334.00	\$ 2,104.00	\$ 1,872.00	\$ 1,390.00	\$ 758.00	\$ 111.11	\$ 25.06
Single + Fmly	\$ 2,945.00	\$ 2,654.00	\$ 2,361.00	\$ 1,753.00	\$ 1,137.00	\$ 159.73	\$ 38.59

