

**Monthly Health Insurance Rates for County Retirees  
(effective January 1, 2023)**

**Health Insurance Rates for Retirees Under 65**

**1/1/2023**

<b>AETNA FULL HMO</b>	<b>monthly premium</b>
Employee Only	1,252.50
Employee +1	2,505.00
Employee + Family	3,544.58

<b>AETNA AVN HMO</b>	<b>monthly premium</b>
Employee Only	970.22
Employee +1	1,940.42
Employee + Family	2,745.70

<b>AETNA HDHP OAMC PPO</b>	<b>monthly premium</b>
Employee Only	1,035.66
Employee +1	2,071.32
Employee + Family	2,930.94

<b>AETNA OAMC PPO (\$200 Deductible)</b>	<b>monthly premium</b>
Employee Only	1,597.72
Employee +1	3,318.40
Employee + Family	4,828.62

<b>AETNA OAMC PPO (\$300 Deductible)</b>	<b>monthly premium</b>
Employee Only	1,252.50
Employee +1	2,505.00
Employee + Family	3,544.58

<b>KAISER HMO</b>	<b>monthly premium</b>
Employee Only	787.68
Employee +1	1,575.36
Employee + Family	2,229.14

<b>KAISER HDHP</b>	<b>monthly premium</b>
Employee Only	618.64
Employee +1	1,237.28
Employee + Family	1,750.74

**Health Insurance Rates for Retirees 65 and Over**

**1/1/2023**

<b>AETNA OAMC PPO (\$200 Deductible) and MAPPO (Medicare)</b>	<b>monthly premium</b>
Single - Retiree <b>with</b> Medicare	152.50
Two-Party - Both <b>with</b> Medicare	305.00
Two-Party - Ret <b>w/o</b> Medicare (PPO), Spouse <b>with</b> Medicare (PPO)	1,750.22
Two-Party - Ret <b>with</b> Medicare (PPO), Spouse w/o (PPO)	1,873.18
Family - Ret <b>with</b> Med (PPO) + Spouse and Child <b>without</b> (PPO)	3,383.40
Family - Ret <b>with</b> Med, Spouse <b>with</b> Medicare & Child(ren) <b>with</b> Medicare	457.50

<b>AETNA FULL HMO and MAPPO (Medicare)</b>	<b>monthly premium</b>
Two-Party - Ret <b>with</b> Medicare (PPO), Spouse w/o (HMO)	1,405.00
Two-Party - Ret w/o Medicare (HMO), Spouse with Medicare (PPO)	1,405.00
Family - Ret <b>with</b> Med (PPO) + Spouse and Child <b>without</b> (HMO)	2,444.58
Family - Ret & Spouse <b>with</b> Med (PPO) & Child <b>without</b> Medicare (HMO)	1,557.50

<b>AETNA AVN HMO and MAPPO (Medicare)</b>	<b>monthly premium</b>
Two-Party - Ret <b>with</b> Medicare (PPO), Spouse w/o (AVN HMO)	1,122.70
Two-Party - Ret w/o Medicare (AVN HMO), Spouse with Medicare (PPO)	1,122.72
Family - Ret <b>with</b> Med (PPO) + Spouse and Child <b>without</b> (AVN HMO)	1,927.98
Family - Ret & Spouse <b>with</b> (PPO) & Child <b>without</b> Medicare (AVN HMO)	1,275.20

<b>AETNA OAMC PPO (\$300 Deductible) and MAPPO (Medicare)</b>	<b>monthly premium</b>
Two-Party - Ret <b>with</b> Medicare (PPO), Spouse w/o (OOA PPO)	1,405.00
Two-Party - Ret (OOA PPO) + Spouse <b>with</b> Medicare (PPO)	1,405.00
Family - Ret (OOA PPO) + Spouse <b>with</b> Medicare (PPO) + Child (OOA PPO)	2,657.50

**Monthly Health Insurance Rates for County Retirees  
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<b>Kaiser HMO (Senior Advantage Medicare Combo Rates)</b>	<b>monthly premium</b>
Single - Subscriber <b>with</b> Medicare	302.15
Two-Party - Subscriber <b>with</b> Medicare & Spouse <b>with</b> Medicare	604.30
Two-Party - Subscriber <b>with</b> Medicare & Dependent <b>without</b> Medicare	1,089.83
Two-Party - Subscriber <b>without</b> Medicare & Spouse <b>with</b> Medicare	1,089.83
Family - Subscriber <b>with</b> Medicare & Children <b>without</b> Medicare	1,743.61
Family - Subscriber <b>with</b> Medicare, Spouse <b>without</b> Medicare, & Child <b>without</b> Medicare	1,743.61
Family - Subscriber <b>without</b> Medicare, Spouse <b>with</b> Medicare, and Child <b>without</b> Medicare	1,743.61
Family - Subscriber <b>with</b> Medicare, Spouse <b>with</b> Medicare, and Children <b>without</b> Medicare	1,258.08
Family - Subscriber <b>with</b> Medicare, Spouse <b>without</b> Medicare, and Children <b>without</b> Medicare	1,743.61
Family - Subscriber <b>without</b> Medicare, Spouse <b>with</b> Medicare, and Children <b>without</b> Medicare	1,743.61
Family - Subscriber <b>without</b> Medicare, Spouse <b>with</b> Medicare, and Children <b>with</b> Medicare	1,391.98
Family - Subscriber <b>with</b> Medicare, Spouse <b>with</b> Medicare, and Children <b>with</b> Medicare	906.45

**Dental Insurance Rates for Retirees**

**1/1/2023**

<b>Voluntary Cigna Dental DHMO</b>	<b>monthly premium</b>
Single	27.63
Two-Party	46.97
Family	71.84

<b>Voluntary Cigna Dental PPO</b>	<b>monthly premium</b>
Single	41.48
Two-Party	79.86
Family	143.26

<b>Cigna Dental DHMO</b>	<b>monthly premium</b>
Management	42.98
Represented	42.98

<b>Cigna Dental PPO</b>	<b>monthly premium</b>
Management	135.28
Represented	109.18

**Vision Insurance Rates for Retirees**

**1/1/2023**

<b>Voluntary VSP</b>	<b>monthly premium</b>
Single	8.83
Two-Party	17.65
Family	28.41

<b>VSP-Management</b>	<b>monthly premium</b>
Composite Rate	16.52