



2020 Retiree Health Insurance Rates

The 2020 health insurance rates for retirees are effective January 1, 2020 through December 31, 2020 and will be deducted on a post-tax basis. Pre-65 retirees and covered dependents must meet eligibility requirements in order to enroll in retiree health insurance. *Note: Post-65 retirees and post-65 spouses are not eligible for the city's retiree medical insurance.

Optima Health (Medical)

| Optima HDHP (High Deductible Health Plan) | | Retiree Contribution Per Month | |
|---|-----------------------|--|--|
| Retiree Only | | \$536.55 | |
| Retiree & Child(ren) | | \$804.81 | |
| Retiree & Spouse | | \$1,234.05 | |
| Family | | \$1,716.94 | |
| HSA for Optima HDHP (Health Savings Account) | Annual Maximum | Maximum Contribution Per Month (Optional) | |
| Individual | \$3,500 | \$291.67 | |
| Family | \$7,000 | \$583.34 | |
| Optima HMO (Health Maintenance Organization) | | Retiree Contribution Per Month | |
| Retiree Only | | \$572.94 | |
| Retiree & Child(ren) | | \$859.40 | |
| Retiree & Spouse | | \$1,317.74 | |
| Family | | \$1,833.38 | |
| Optima POS (Point of Service) | | Retiree Contribution Per Month | |
| Retiree Only | | \$681.36 | |
| Retiree & Child(ren) | | \$1,022.03 | |
| Retiree & Spouse | | \$1,567.10 | |
| Family | | \$2,180.34 | |

Delta Dental (Dental)

| Delta EPO (Exclusive Provider Organization) | | Retiree Contribution Per Month | |
|---|--|---------------------------------------|--|
| Retiree Only | | \$22.60 | |
| Retiree & Child(ren) | | \$45.78 | |
| Retiree & Spouse | | \$43.02 | |
| Family | | \$61.92 | |
| Delta PPO Plus Premier (Preferred Provider Organization) | | Retiree Contribution Per Month | |
| Retiree Only | | \$30.10 | |
| Retiree & Child(ren) | | \$60.84 | |
| Retiree & Spouse | | \$57.44 | |
| Family | | \$82.14 | |

Vision Service Plan (Vision)

| Vision Service Plan (VSP) | | Retiree Contribution Per Month | |
|----------------------------------|--|---------------------------------------|--|
| Retiree Only | | \$8.94 | |
| Retiree & Child(ren) | | \$17.20 | |
| Retiree & Spouse | | \$16.75 | |
| Family | | \$27.55 | |

Legal Resources (Legal)

| Legal Resources | | Retiree Contribution Per Month | |
|------------------------|--|---------------------------------------|--|
| Legal Resources | | \$17.00 | |