

## Monthly Health Insurance Rates for County Retirees (effective January 1, 2025)

### Health Insurance Rates for Retirees Under 65

**1/1/2025**

AETNA FULL HMO	monthly premium
Employee Only	1,595.72
Employee +1	3,191.44
Employee + Family	4,515.88

AETNA AVN HMO	monthly premium
Employee Only	1,236.10
Employee +1	2,472.14
Employee + Family	3,498.10

AETNA HDHP OAMC PPO	monthly premium
Employee Only	1,319.46
Employee +1	2,638.92
Employee + Family	3,734.10

AETNA OAMC PPO (\$200 Deductible)	monthly premium
Employee Only	2,035.54
Employee +1	4,227.72
Employee + Family	6,151.78

AETNA OAMC PPO (\$300 Deductible)	monthly premium
Employee Only	1,595.72
Employee +1	3,191.44
Employee + Family	4,515.88

KAISER HMO	monthly premium
Employee Only	\$961.44
Employee +1	\$1,922.86
Employee + Family	\$2,720.86

KAISER HDHP	monthly premium
Employee Only	\$764.92
Employee +1	\$1,529.82
Employee + Family	\$2,164.70

### Health Insurance Rates for Retirees 65 and Over

**1/1/2025**

United Healthcare UHC MAPPO (Medicare)	monthly premium
Single - Retiree <b>with</b> Medicare (United Only)	519.07
Two-Party - Both <b>with</b> Medicare (United Only)	1,038.14

AETNA OAMC PPO (\$200 Deductible) and UHC MAPPO (Medicare)	monthly premium
Two-Party - Ret <b>w/o</b> Medicare (PPO), Spouse <b>with</b> Medicare (PPO)	2,554.61
Two-Party - Ret <b>with</b> Medicare (PPO), Spouse w/o (PPO)	2,711.25
Family - Ret <b>with</b> Med (PPO) + Spouse and Child <b>without</b> (PPO)	4,635.31
Family - Ret <b>with</b> Med, Spouse <b>with</b> Medicare & Child(ren) <b>with</b> Medicare	1,557.21

AETNA FULL HMO and UHC MAPPO (Medicare)	monthly premium
Two-Party - Ret <b>with</b> Medicare (PPO), Spouse w/o (HMO)	2,114.79
Two-Party - Ret w/o Medicare (HMO), Spouse with Medicare (PPO)	2,114.79
Family - Ret <b>with</b> Med (PPO) + Spouse and Child <b>without</b> (HMO)	3,439.23
Family - Ret & Spouse <b>with</b> Med (PPO) & Child <b>without</b> Medicare (HMO)	2,633.86

AETNA AVN HMO and UHC MAPPO (Medicare)	monthly premium
Two-Party - Ret <b>with</b> Medicare (PPO), Spouse w/o (AVN HMO)	1,755.11
Two-Party - Ret w/o Medicare (AVN HMO), Spouse with Medicare (PPO)	1,755.17
Family - Ret <b>with</b> Med (PPO) + Spouse and Child <b>without</b> (AVN HMO)	2,781.07
Family - Ret & Spouse <b>with</b> (PPO) & Child <b>without</b> Medicare (AVN HMO)	2,274.18

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<b>AETNA OAMC PPO (\$300 Deductible) and UHC MAPPO (Medicare)</b>		<b>monthly premium</b>
Two-Party - Ret <b>with</b> Medicare (PPO), Spouse w/o (OOA PPO)		2,114.79
Two-Party - Ret (OOA PPO) + Spouse <b>with</b> Medicare (PPO)		2,114.79
Family - Ret (OOA PPO) + Spouse <b>with</b> Medicare (PPO) + Child (OOA PPO)		3,710.51

<b>Kaiser HMO (Senior Advantage Medicare Combo Rates)</b>		<b>monthly premium</b>
Single - Subscriber <b>with</b> Medicare		362.84
Two-Party - Subscriber <b>with</b> Medicare & Spouse <b>with</b> Medicare		725.66
Two-Party - Subscriber <b>with</b> Medicare & Dependent <b>without</b> Medicare		1,324.26
Two-Party - Subscriber <b>without</b> Medicare & Spouse <b>with</b> Medicare		1,324.26
Family - Subscriber <b>with</b> Medicare & Children <b>without</b> Medicare		2,122.26
Family - Subscriber <b>with</b> Medicare, Spouse <b>without</b> Medicare, & Child <b>without</b> Medicare		2,122.26
Family - Subscriber <b>without</b> Medicare, Spouse with Medicare, & Child without Medicare		2,122.26
Family - Subscriber with Medicare, Spouse with Medicare, & Children without Medicare		1,523.66
Family - Subscriber with Medicare, Spouse without Medicare, & Children without Medicare		2,122.26
Family - Subscriber without Medicare, Spouse with Medicare, & Children without Medicare		2,122.26
Family - Subscriber without Medicare, Spouse with Medicare, & Children with Medicare		1,686.72
Family - Subscriber with Medicare, Spouse with Medicare, & Children with Medicare		1,088.12

### Dental Insurance Rates for Retirees

**1/1/2025**

<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		128.52
Represented		103.72

### Vision Insurance Rates for Retirees

**1/1/2025**

<b>Voluntary VSP</b>		<b>monthly premium</b>
Single		9.34
Two-Party		18.68
Family		30.06

<b>VSP-Management</b>		<b>monthly premium</b>
Composite Rate		16.02