



# County of San Luis Obispo

## 2019 Retiree Medical, Dental, & Vision Premiums



### Medicare Combo Rates

Combo rates are for when some members of a family are over 65 & on Medicare and some are not

Plan & Coverage Type	Premium (Monthly)
<b>Anthem Medicare EPO</b>	
Medicare Retiree	\$383.10
Medicare Retiree + 1 Medicare Dependent	\$764.10
Family (All Medicare)	\$1,145.10
1 Medicare, 1 Not	\$1,123.10
2 Medicare, 1 Not	\$1,218.10
1 Medicare, 2 Not	\$1,577.10
<b>Anthem Medicare PPO</b> When all the family members are over 65 & on Medicare	
Medicare Retiree	\$418.10
Medicare Retiree + 1 Medicare Dependent	\$833.10
Family (All Medicare)	\$1,249.10
<b>Anthem Medicare PPO Combo Plans</b> When a Medicare retiree chooses Anthem Medicare PPO, their non-Medicare dependents can choose between 3 non-Medicare PPOs	
<b>Anthem Medicare PPO + Non-Medicare Anthem Select</b>	
1 Medicare PPO, 1 Anthem Select	\$943.10
2 Medicare PPO, 1 Anthem Select	\$1,154.10
1 Medicare PPO, 2 Anthem Select	\$1,266.10
<b>Anthem Medicare PPO + Non-Medicare Anthem Choice</b>	
1 Medicare PPO, 1 Anthem Choice	\$1,011.11
2 Medicare PPO, 1 Anthem Choice	\$1,197.10
1 Medicare PPO, 2 Anthem Choice	\$1,375.10
<b>Anthem Medicare PPO + Non-Medicare Anthem Care</b>	
1 Medicare PPO, 1 Anthem Care	\$1,038.10
2 Medicare PPO, 1 Anthem Care	\$1,214.10
1 Medicare PPO, 2 Anthem Care	\$1,419.10

### Non-Medicare Rates

These rates are for when none the members of the family are over 65 & on Medicare

Plan & Coverage	Premium (Monthly)
<b>EIA Anthem Select</b>	
Retiree Only	\$539.40
Retiree + 1	\$1,064.40
Family	\$1,387.40
<b>EIA Anthem Choice</b>	
Retiree Only	\$607.40
Retiree + 1	\$1,200.40
Family	\$1,564.40
<b>EIA Anthem Care</b>	
Retiree Only	\$632.40
Retiree + 1	\$1,252.40
Family	\$1,633.40
<b>EIA Anthem EPO</b>	
Retiree Only	\$748.40
Retiree + 1	\$1,488.40
Family	\$1,942.40

### Dental & Vision

Medicare & Non-Medicare

<b>Aetna Dental</b>	
Coverage Type	Premium (Monthly)
Retiree Only	\$31.88
Retiree +1	\$52.72
Family	\$77.88

<b>VSP Vision</b>	
Coverage Type	Premium (Monthly)
Retiree Only	\$9.54
Retiree +1	\$14.54
Family	\$23.52

The above rates are effective January 1<sup>st</sup>, 2019.

Premiums displayed are *before* the County's contribution of either \$136.00 or \$139.00 depending on the bargaining unit you retired from. You must be enrolled in a County Medical plan in order to receive the County contribution.