## 2020 County of San Luis Obispo Retiree Rates

Medicare Medical Rates

| Plan \& Coverage Type | Premium |
| :---: | :---: |
| Anthem Medicare EPO (All Medicare) When all the family members enrolled are on Medicare |  |
| Medicare Retiree | \$393.20 |
| Medicare Retiree + 1 Medicare Dependent | \$785.20 |
| Family (All Medicare) | \$1,176.20 |
| Anthem Medicare EPO (Combo Plans) When one person is on Medicare, and the other is not |  |
| 1 Medicare EPO, 1 Non-Medicare Anthem EPO | \$1,153.20 |
| 2 Medicare EPO, 1 Non-Medicare Anthem EPO | \$1,620.20 |
| 1 Medicare EPO, 2 Non-Medicare Anthem EPO | \$1,252.20 |


| Plan \& Coverage Type | Premium |
| :---: | :---: |
| Anthem Medicare PPO (All Medicare) When all the family members enrolled are on Medicare |  |
| Medicare Retiree | \$429.20 |
| Medicare Retiree + 1 Medicare Dependent | \$856.20 |
| Family (All Medicare) | \$1,283.20 |
| Anthem Medicare PPO (Combo Plans) When the Retiree is on Medicare, the Dependent is not |  |
| 1 Medicare PPO, 1 Non-Medicare Anthem Choice | \$1,039.20 |
| 2 Medicare PPO, 1 Non-Medicare Anthem Choice | \$1,412.20 |
| 1 Medicare PPO, 2 Non-Medicare Anthem Choice | \$1,229.20 |
| Anthem Medicare PPO <br> When the Retiree is not on Medicare, the Dependent is |  |
| 1 Anthem Select, 1 Medicare PPO | \$966.00 |
| 2 Anthem Select, 1 Medicare PPO | \$1,298.00 |
| 1 Anthem Choice, 1 Medicare PPO | \$1,037.00 |
| 2 Anthem Choice, 1 Medicare PPO | \$1,410.00 |
| 1 Anthem Care, 1 Medicare PPO | \$1,064.00 |
| 2 Anthem Care, 1 Medicare PPO | \$1,455.00 |

Non-Medicare Medical Rates

| Plan \& Coverage Tier | Premium (Monthly) |
| :---: | :---: |
| EIA Anthem Select |  |
| Retiree Only | \$554.00 |
| Retiree +1 | \$1,093.00 |
| Family | \$1,425.00 |
| EIA Anthem Choice |  |
| Retiree Only | \$623.00 |
| Retiree +1 | \$1,233.00 |
| Family | \$1,606.00 |
| EIA Anthem Care |  |
| Retiree Only | \$649.00 |
| Retiree +1 | \$1,286.00 |
| Family | \$1,677.00 |
| EIA Anthem EPO |  |
| Retiree Only | \$768.00 |
| Retiree +1 | \$1,528.00 |
| Family | \$1,995.00 |

Dental \& Vision Rates

| Aetna Dental |  |
| :--- | :---: |
|  <br> Coverage Tier | Premium <br> (Monthly) |
| Retiree Only | $\$ 31.88$ |
| Retiree +1 | $\$ 52.72$ |
| Family | $\$ 77.88$ |


| VSP Vision |  |
| :--- | :---: |
|  <br> Coverage Tier | Premium <br> (Monthly) |
| Retiree Only | $\$ 9.54$ |
| Retiree +1 | $\$ 14.54$ |
| Family | $\$ 23.52$ |

Note: Medical premiums displayed are before the County's contribution \$139.00 per month. You must be enrolled in a County Medical plan in order to receive the County contribution.

