



2023 Retiree Health Plan RateTable

RETIREES ENROLLED IN MEDICARE									
RETIREE ENROLLMENT STATUS	HEALTH MAINTENANCE PLANS (HMO)		PREFERRED PROVIDER PLANS (PPO)		MEDICARE ADVANTAGE PLANS				
	Anthem Blue Cross Select HMO Plan	Anthem Blue Cross Traditional HMO Plan	Sharewell Retiree PPO Plan	Wellwise Retiree PPO Plan	HMO PLANS			PPO PLANS	
					Anthem Blue Cross Sr. Secure HMO Plan	Kaiser Sr. Advantage Plan	Scan HMO Plan	Anthem Blue Cross Preferred Custom PPO Plan	Anthem Blue Cross Preferred Standard PPO Plan
RETIREE ONLY									
Retiree Only - Part B Only	\$1,277.50	\$2,314.23	632.03	\$802.75	NA	\$456.90	NA	NA	NA
Retiree Only - Part A & B	NA	NA	\$381.57	\$541.77	\$346.69	\$209.59	\$275.00	\$580.71	\$385.96
RETIREE W/1 DEPENDENT									
Two W/ Medicare Part B Only	\$2,555.05	\$4,628.43	\$1,106.05	\$1,485.09	NA	\$913.80	NA	NA	NA
Two W/ Medicare Part A & B	NA	NA	\$709.72	\$1,083.54	\$693.38	\$419.18	\$550.00	\$1,161.42	\$771.92

NOTE: Eligible Retirees and/or enrolled dependent age 65 or older must enroll in Medicare Part B. Eligible Retiree entitled to Medicare Part A without a premium must enroll in Medicare Part A. Evidence of Medicare coverage is required. For eligible retirees, the Retiree Medical Grant for 2023 is \$25.37 per month for each year of County Service to a maximum of 25 years. Grant is subject to change based upon retirement date and grant eligibility.

RETIREES WITH DEPENDENT(S) - MIXED MEDICARE AND NON-MEDICARE ENROLLMENT								
RETIREE ENROLLMENT STATUS	Non-Medicare & Medicare HMO Plans					Non-Medicare HMO & Medicare PPO Plans	PPO Plans	
	Anthem Blue Cross Select HMO Plan	Anthem Blue Cross Traditional HMO Plan	Anthem Blue Cross Select HMO & Sr. Secure HMO Plan	Anthem Blue Cross Traditional HMO & Sr. Secure HMO Plan	Kaiser Retiree HMO & Sr. Advantage Plan	Anthem Blue Cross Traditional HMO & Preferred Custom PPO Plan	Sharewell Retiree PPO Plan	Wellwise Retiree PPO Plan
RETIREE W/1 DEPENDENT								
One W/ Medicare Part B Only	\$2,733.96	\$4,952.68	NA	NA	\$1,595.38	NA	\$1,712.50	\$3,010.87
One W/ Medicare Part A & B	NA	NA	\$1,803.15	\$2,985.14	\$1,348.07	\$3,219.16	\$1,494.60	\$2,749.89
RETIREE W/2 OR MORE DEPENDENTS								
One W/ Medicare Part B Only	\$2,733.96	\$4,952.68	NA	NA	\$2,619.90	NA	\$2,134.75	\$4,179.98
One W/ Medicare Part A & B	NA	NA	\$2,261.58	\$4,105.59	\$2,372.59	\$4,339.61	\$1,884.29	\$3,919.00
Two W/ Medicare Part B Only	\$3,704.78	\$6,711.30	NA	NA	\$1,938.32	NA	\$1,752.86	\$2,654.20
Two W/ Medicare Part A & B	NA	NA	\$2,149.83	\$3,331.82	\$1,443.70	\$3,799.87	\$1,371.23	\$2,252.65

NOTE: Eligible Retirees and/or enrolled dependent age 65 or older must enroll in Medicare Part B. Eligible Retiree entitled to Medicare Part A without a premium must enroll in Medicare Part A. Evidence of Medicare coverage is required. For eligible retirees, the Retiree Medical Grant for 2023 is \$25.37 per month for each year of County Service to a maximum of 25 years. Grant is subject to change based upon retirement date and grant eligibility.



2023 Retiree Health Plan Rate Table

RETIREES NOT ENROLLED IN MEDICARE					
RETIREE ENROLLMENT STATUS	HEALTH MAINTENANCE PLANS (HMO)			PREFERRED PROVIDER PLANS (PPO)	
	Anthem Blue Cross Select HMO Plan	Anthem Blue Cross Traditional HMO Plan	Kaiser Retiree HMO Plan	Sharewell Retiree PPO Plan	Wellwise Retiree PPO Plan
Retiree Only	\$1,456.46	\$2,638.45	\$1,216.55	\$1,336.36	\$2,597.90
Retiree W/1 Dependent	\$2,912.97	\$5,276.98	\$2,433.10	\$2,338.60	\$4,806.02
Retiree W/2 or More Dependents	\$4,223.83	\$7,651.56	\$3,527.88	\$3,073.61	\$5,975.13

NOTE: Eligible Retirees and/or enrolled dependent age 65 or older must enroll in Medicare Part B. Eligible Retiree entitled to Medicare Part A without a premium must enroll in Medicare Part A. Evidence of Medicare coverage is required. For eligible retirees, the Retiree Medical Grant for 2023 is \$25.37 per month for each year of County Service to a maximum of 25 years. Grant is subject to change based upon retirement date and grant eligibility.



2023 COBRA Retiree Health Plan - Non-Medicare

Monthly Direct Bill Rate Table

NON-MEDICARE RETIREE HEALTH PLANS	MONTHLY PREMIUMS
ANTHEM BLUE CROSS SELECT HMO	
Participant Only	\$1,485.59
Participant With 1 Dependent	\$2,971.23
Participant With 2 or More Dependents	\$4,308.31
ANTHEM BLUE CROSS TRADITIONAL HMO	
Participant Only	\$2,691.22
Participant With 1 Dependent	\$5,382.52
Participant With 2 or More Dependents	\$7,804.59
KAISER RETIREE HMO	
Participant Only	\$1,240.88
Participant With 1 Dependent	\$2,481.76
Participant With 2 or More Dependents	\$3,598.44
SHAREWELL RETIREE PPO	
Participant Only	\$1,363.09
Participant With 1 Dependent	\$2,385.37
Participant With 2 or More Dependents	\$3,135.08
WELLWISE RETIREE PPO	
Participant Only	\$2,649.86
Participant With 1 Dependent	\$4,902.14
Participant With 2 or More Dependents	\$6,094.63



**2023 COBRA Retiree Health Plan - Mixed Medicare
Monthly Direct Bill Rate Table**

MONTHLY PREMIUMS	NON-MEDICARE & MEDICARE HEALTH MAINTENANCE PLANS (HMO)					NON-MEDICARE HMO & MEDICARE PPO PLANS	PREFERRED PROVIDER PLANS (PPO)	
	Anthem Blue Cross Select HMO Plan	Anthem Blue Cross Traditional HMO Plan	Anthem Blue Cross Select HMO & Sr. Secure HMO Plan	Anthem Blue Cross Traditional HMO & Sr. Secure HMO Plan	Kaiser Retiree HMO & Sr. Advantage Plan	Anthem Blue Cross Traditional HMO & Preferred Custom PPO Plan	Sharewell Retiree PPO Plan	Wellwise Retiree PPO Plan
RETIREE W/1 DEPENDENT								
One W/ Medicare Part B Only	\$2,788.64	\$5,051.73	N/A	N/A	\$1,627.29	N/A	\$1,746.75	\$3,071.09
One W/ Medicare Part A & B	N/A	N/A	\$1,839.21	\$3,044.84	\$1,375.03	\$3,283.54	\$1,524.49	\$2,804.89
RETIREE W/2 OR MORE DEPENDENTS								
One W/ Medicare Part B Only	\$2,788.64	\$5,051.73	N/A	N/A	\$2,672.30	N/A	\$2,177.45	\$4,263.58
One W/ Medicare Part A & B	N/A	N/A	\$2,306.81	\$4,187.70	\$2,420.04	\$4,426.40	\$1,921.98	\$3,997.38
Two W/ Medicare Part B Only	\$3,778.88	\$6,845.53	N/A	N/A	\$1,977.09	N/A	\$1,787.92	\$2,707.28
Two W/ Medicare Part A & B	N/A	N/A	\$2,192.83	\$3,398.46	\$1,472.57	\$3,875.87	\$1,398.65	\$2,297.70



2023 COBRA Retiree Health Plan - Medicare Monthly Direct Bill Rate Table

MONTHLY PREMIUMS	HEALTH MAINTENANCE (HMO) PLANS		PREFERRED PROVIDER (PPO) PLANS		MEDICARE ADVANTAGE PLANS				
	Anthem Blue Cross Select HMO Plan	Anthem Blue Cross Traditional HMO Plan	Sharewell Retiree PPO Plan	Wellwise Retiree PPO Plan	HMO PLANS			PPO PLANS	
					Anthem Blue Cross Sr. Secure HMO Plan	Kaiser Sr. Advantage Plan	SCAN HMO Plan	Anthem Blue Cross Preferred Custom PPO Plan	Anthem Blue Cross Preferred Standard PPO Plan
RETIREE ONLY									
Retiree Only - Part B Only	\$1,303.05	\$2,360.51	\$644.67	\$818.81	N/A	\$466.04	N/A	N/A	N/A
Retiree Only - Part A & B	N/A	N/A	\$389.20	\$552.61	\$353.62	\$213.78	\$280.50	\$592.32	\$393.68
RETIREE W/1 DEPENDENT									
Two W/ Medicare Part B Only	\$2,606.15	\$4,721.00	\$1,128.17	\$1,514.79	N/A	\$932.08	N/A	N/A	N/A
Two W/ Medicare Part A & B	N/A	N/A	\$723.91	\$1,105.21	\$707.25	\$427.56	\$561.00	\$1,184.65	\$787.36