RETIREE RATE SHEET

PLAN YEAR 2025

As a retiree, the health benefits available to you provide important protection for you and your family in case of illness or injury. The County offers a series of health coverage options. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare options.

SBCs and additional information can be found on the County of Fresno website: www.fresnocountyca.gov. A paper copy is also available, free of charge, by calling Employee Benefits at (559) 600 - 1810.

NON-MEDICARE (Under age 65) PLAN 1			MEC	MEDICARE SUPPLEMENTAL (Age 65 and over) PLAN 2		
Medical / Mental Health Prescription / Vision	Anthem HDPPO 1650 EmpiRx / VSP		Medical / Mental Health Prescription / Vision	United American / RetireeFirst UnitedHealthcare Rx / VSP		
Dental Plans	Delta Dental DPPO	DeltaCare USA DHMO	Dental Plans	Delta Dental DPPO	DeltaCare USA DHMO	
Retiree Only	\$ 979.17	\$ 956.26	Retiree Only	\$ 636.78	\$ 613.87	
Retiree + Spouse / DP	\$ 1,721.99	\$ 1,689.31	Retiree + Spouse / DP	\$ 1,242.13	\$ 1,209.45	
Retiree + Child(ren)	\$ 1,521.07	\$ 1,499.02				
Retiree + Family	\$ 2,263.39	\$ 2,229.76				

NON-MEDICARE + MEDICARE

(Under age 65 with Anthem + Age 65 and over with United American)

Anthem HDPPO 1650 +

Medical / Mental Health	United American / RetireeFirst			
Prescription / Vision I	EmpiRx + UnitedHealthcare Rx / VSP			
Dental Plans	Delta Dental DPPO	DeltaCare USA DHMO		
Retiree Medicare + Spouse / DP Non-Medicare	\$ 1,593.96	\$ 1,561.28		
Retiree Non-Medicare + Spouse / DP Medicare	\$ 1,593.96	\$ 1,561.28		

Medical / Mental Health

Child(ren) Coverage

If you and/or your spouse are Medicare eligible and plan on enrolling dependent children on your coverage, please contact Employee Benefits for your 2024 monthly premium.

Newly Medicare Eligible?

Please contact Employee Benefits 2-3 months prior to your 65th birthday to transition to a Medicare plan or cancel your coverage with the County of Fresno.

KAISER PERMANENTE SENIOR ADVANTAGE (KPSA)

(Age 65 and over)

HIGH OPTION PLAN 3 LOW OPTION PLAN 4

Medical / Mental Health Prescription / Vision	Kaiser High Option Kaiser / Kaiser		Medical / Mental Health Prescription / Vision	Kaiser Low Option Kaiser / Kaiser	
Dental Plans	Delta Dental DPPO	DeltaCare USA DHMO	Dental Plans	Delta Dental DPPO	DeltaCare USA DHMO
Retiree Only Retiree + Spouse / DP	\$ 404.88 \$ 779.69	\$ 381.97 \$ 747.01	Retiree Only Retiree + Spouse / DP	\$ 334.05 \$ 638.03	\$ 311.14 \$ 605.35