

2021 VEBA Member Monthly Retiree Rates

Provider/Plan	Coverage Type	Plan Codes	Retiree Pays
Kaiser Permanente VEBA Plans (California Only) Group # 606031			
VEBA \$25 Copay HMO			
A	M Only	VA	1,296.94
B	M + SP/DP	VB	2,593.88
C	M + CH	VC	2,269.66
D	M + SP/DP + CH	VD	3,890.84
Medicare Split: VEBA Sr. Advantage* /VEBA \$25 Co-Pay HMO			
E	M(M) + SP/DP	VE	1,576.39
F	M + SP/DP (M)	VF	1,576.39
G	M (M) + CH	VG	1,252.17
H	M (M) + SP/DP (M) + CH	VH	1,855.86
I	M (M) +SP/DP+ CH	VI	2,873.35
J	M + SP/DP (M) + CH	VJ	2,873.35
Medicare VEBA Sr. Advantage* Plan			
K	M(M) Only	VK	279.45
L	M(M) + SP/DP(M)	VL	558.90
M	M (M) + CH (M)	VM	558.90
Anthem VEBA Plans (Nationwide)			
VEBA \$2,500 High Deductible Classic PPO			
N	M Only	VN	1,955.57
O	M + SP/DP	VO	4,302.33
P	M + CH	VP	3,520.06
Q	M + SP/DP + CH	VQ	6,062.38
Medicare Split: VEBA Medicare Advantage* PPO & VEBA \$2,500 High Deductible Classic PPO			
R	M(M) + SP/DP	VR	2,631.20
S	M + SP/DP (M)	VS	2,435.61
T	M (M) + CH	VT	2,631.20
U	M (M) + SP/DP (M) + CH	VU	3,111.24
V	M (M) +SP/DP+ CH	VV	4,586.85
W	M + SP/DP (M) + CH	VW	4,000.10
VEBA Medicare Advantage* PPO Plan			
X	M(M) Only	VX	480.04
Y	M(M) + SP/DP(M)	VY	960.08
Z	M (M) + CH (M)	VZ	960.08
Delta Dental VEBA HMO (California Only)			
Delta Care VEBA HMO			
	M Only	VDENTAL4	18.16
	M + SP/DP	VDENTALSP	36.33
	M + CH	VDENTAL4CH	39.34
	M + SP/DP + CH	VDENTALFM	62.36
Coverage Abbreviations:			
M = Member or Survivor			
SP = Spouse			
DP = Domestic Partner			
CH = Child(ren)			
(M) = Medicare			
* Enrollment in VEBA Medicare Plans requires proof of enrollment in <u>both</u> Medicare parts A&B			