

RETIRED EMPLOYEES

2023 Cost of City of Atlanta Benefits Coverage

Medicare Advantage Medical Plans

	Retiree 26%/ City 74%		Retiree 36%/ City 64%		Retiree 46%/ City 54%	
	Retiree hired prior to April 1, 1986		Retiree hired on or after April 1, 1986, but retired between September 2009 through August 31, 2010		Retiree hired on or after April 1, 1986, but retired September 1, 2010 or later	
UHC Medicare Advantage PPO (Medicare Parts A and B)						
Monthly Rates	Your Cost	City Cost	Your Cost	City Cost	Your Cost	City Cost
Retiree Only	\$49.18	\$139.97	\$68.09	\$121.06	\$87.01	\$102.14
Retiree + Spouse/DP	\$98.36	\$279.94	\$136.19	\$242.11	\$174.02	\$204.28
Survivor Spouse/DP Only	\$49.18	\$139.97	\$68.09	\$121.06	\$87.01	\$102.14
UHC Medicare Advantage PPO (Medicare Part B)						
Monthly Rates	Your Cost	City Cost	Your Cost	City Cost	Your Cost	City Cost
Retiree Only	\$147.81	\$420.70	\$204.66	\$363.85	\$261.51	\$307.00
Retiree + Spouse/DP	\$295.63	\$841.39	\$409.33	\$727.69	\$523.03	\$614.00
Survivor Spouse/DP Only	\$147.81	\$420.70	\$208.26	\$370.25	\$261.51	\$307.00
Anthem BCBS Medicare Advantage PPO (Medicare Parts A and B)						
Monthly Rates	Your Cost	City Cost	Your Cost	City Cost	Your Cost	City Cost
Retiree Only	\$65.63	\$186.81	\$90.88	\$161.56	\$116.12	\$136.32
Retiree + Spouse/DP	\$131.27	\$373.61	\$181.76	\$323.12	\$232.25	\$272.64
Survivor Spouse/DP Only	\$65.64	\$186.81	\$90.87	\$161.57	\$116.12	\$136.32
Anthem BCBS Medicare Advantage PPO (Medicare Parts A and B) Split Option Plan						
Monthly Rates	Your Cost	City Cost	Your Cost	City Cost	Your Cost	City Cost
Retiree + Child(ren) – Medicare	\$254.24	\$723.61	\$352.03	\$625.82	\$449.81	\$528.04
Retiree + Spouse/DP (1 Medicare)	\$254.24	\$723.61	\$352.03	\$625.82	\$449.81	\$528.04
Retiree + Family (1 Medicare)	\$368.75	\$1,049.52	\$510.58	\$907.69	\$652.40	\$765.87
Retiree + Family (2 Medicare)	\$333.84	\$950.16	\$462.24	\$821.76	\$519.76	\$603.36
Survivor Only – Medicare	\$65.64	\$186.81	\$90.87	\$161.57	\$116.12	\$136.32
Survivor Spouse + Child(ren) – Medicare	\$254.24	\$723.61	\$352.03	\$625.82	\$449.81	\$528.04
Kaiser Permanente Senior Advantage HMO (Medicare)						
Monthly Rates	Your Cost	City Cost	Your Cost	City Cost	Your Cost	City Cost
Retiree Only	\$51.74	\$147.26	\$71.64	\$127.36	\$91.54	\$107.46
Retiree + Spouse/DP	\$103.48	\$294.52	\$143.28	\$254.72	\$183.08	\$214.92
Survivor Spouse/DP Only	\$51.74	\$147.26	\$71.64	\$127.36	\$91.54	\$107.46
Kaiser Permanente HMO + Senior Advantage (Medicare) Split Option Plan						
Monthly Rates	Your Cost	City Cost	Your Cost	City Cost	Your Cost	City Cost
Retiree + Child(ren) – Medicare	\$322.97	\$919.23	\$447.19	\$795.00	\$571.41	\$670.79
Retiree + Spouse/DP (1 Medicare)	\$244.75	\$696.61	\$338.89	\$602.47	\$433.93	\$508.33
Retiree + Family (1 Medicare)	\$457.19	\$1,301.23	\$633.03	\$1,125.39	\$808.77	\$949.55
Retiree + Family (2 Medicare)	\$304.77	\$867.43	\$422.00	\$750.20	\$539.21	\$632.99
Beneficiary Child(ren) – Medicare	\$51.74	\$147.26	\$71.64	\$127.36	\$91.54	\$107.46
Survivor Only – Medicare	\$51.74	\$147.26	\$71.64	\$127.36	\$91.54	\$107.46
Survivor Spouse + Child(ren) – Medicare	\$322.97	\$919.23	\$447.19	\$795.00	\$571.41	\$670.79

Non-Medicare Medical Plans

Retiree 26%/ City 74% Retiree hired prior to April 1, 1986	Retiree 36%/ City 64% Retiree hired on or after April 1, 1986, but retired between September 2009 through August 31, 2010	Retiree 46%/ City 54% Retiree hired on or after April 1, 1986, but retired September 1, 2010 or later
---	--	---

Anthem BCBS Gatekeeper POS (Without Medicare)

Monthly Rates	Your Cost	City Cost	Your Cost	City Cost	Your Cost	City Cost
Retiree Only	\$215.72	\$613.99	\$298.69	\$531.02	\$381.66	\$448.05
Retiree + Child(ren)	\$377.84	\$1,075.40	\$523.16	\$930.08	\$668.49	\$784.75
Retiree + Spouse/Domestic Partner	\$539.95	\$1,536.79	\$747.63	\$1,329.11	\$955.30	\$1,121.44
Retiree + Family	\$712.95	\$2,029.17	\$987.16	\$1,754.96	\$1,261.38	\$1,480.74
Beneficiary Child(ren)	\$215.72	\$613.99	\$298.69	\$531.02	\$381.66	\$448.05
Survivor Only	\$215.72	\$613.99	\$298.69	\$531.02	\$381.66	\$448.05
Survivor/Bene Child(ren)	\$377.84	\$1,075.40	\$523.16	\$930.08	\$668.49	\$784.75

Kaiser Permanente HMO (Without Medicare)

Monthly Rates	Your Cost	City Cost	Your Cost	City Cost	Your Cost	City Cost
Retiree Only	\$200.40	\$570.36	\$277.47	\$493.29	\$354.55	\$416.21
Retiree + Child(ren)	\$350.68	\$998.09	\$485.55	\$863.22	\$620.43	\$728.33
Retiree + Spouse/Domestic Partner	\$500.98	\$1,425.86	\$693.66	\$1,233.17	\$886.35	\$1,040.49
Retiree + Family	\$661.30	\$1,882.15	\$915.64	\$1,627.80	\$1,169.99	\$1,373.45
Beneficiary Child(ren)	\$200.40	\$570.36	\$277.47	\$493.29	\$354.55	\$416.21
Survivor Only	\$200.40	\$570.36	\$277.47	\$493.29	\$354.55	\$416.21
Survivor/Bene Child(ren)	\$350.68	\$998.09	\$485.55	\$863.22	\$620.43	\$728.33



Retiree 26%/ City 74% Retiree hired prior to April 1, 1986	Retiree 36%/ City 64% Retiree hired on or after April 1, 1986, but retired between September 2009 through August 31, 2010	Retiree 46%/ City 54% Retiree hired on or after April 1, 1986, but retired September 1, 2010 or later
---	--	---

Anthem BCBS Dental High Option

Monthly Rates	Your Cost	City Cost	Your Cost	City Cost	Your Cost	City Cost
Retiree Only	\$7.89	\$24.79	\$10.93	\$21.75	\$13.97	\$18.71
Retiree + Child(ren)	\$16.72	\$50.31	\$23.14	\$43.89	\$29.57	\$37.46
Retiree + Spouse/Domestic Partner	\$16.12	\$48.62	\$22.32	\$42.42	\$28.52	\$36.22
Retiree + Family	\$26.44	\$78.46	\$36.62	\$68.28	\$46.79	\$58.11
Beneficiary Child(ren)	\$16.72	\$50.31	\$23.14	\$43.89	\$29.57	\$37.46
Survivor Only	\$7.89	\$24.79	\$10.93	\$21.75	\$13.97	\$18.71
Survivor/Bene Child(ren)	\$16.72	\$50.31	\$23.14	\$43.89	\$29.57	\$37.46

Anthem BCBS Dental Low Option

Monthly Rates	Your Cost	City Cost	Your Cost	City Cost	Your Cost	City Cost
Retiree Only	\$7.35	\$23.33	\$10.17	\$20.51	\$13.00	\$17.68
Retiree + Child(ren)	\$14.20	\$43.33	\$19.66	\$37.87	\$25.13	\$32.40
Retiree + Spouse/Domestic Partner	\$14.94	\$45.44	\$20.68	\$39.70	\$26.43	\$33.95
Retiree + Family	\$22.56	\$67.61	\$31.23	\$58.94	\$39.91	\$50.26
Beneficiary Child(ren)	\$14.20	\$43.33	\$19.66	\$37.87	\$25.13	\$32.40
Survivor Only	\$7.35	\$23.33	\$10.17	\$20.51	\$13.00	\$17.68
Survivor/Bene Child(ren)	\$14.20	\$43.33	\$19.66	\$37.87	\$25.13	\$32.40

Aetna Dental – DHMO

Monthly Rates	Your Cost	City Cost	Your Cost	City Cost	Your Cost	City Cost
Retiree Only	\$2.95	\$8.39	\$4.08	\$7.26	\$5.21	\$6.12
Retiree + Child(ren)	\$5.31	\$15.11	\$7.35	\$13.07	\$9.39	\$11.03
Retiree + Spouse/Domestic Partner	\$5.76	\$16.41	\$7.98	\$14.19	\$10.20	\$11.97
Retiree + Family	\$8.88	\$20.88	\$12.30	\$21.86	\$15.71	\$18.45
Beneficiary Child(ren)	\$5.31	\$15.11	\$7.35	\$13.07	\$9.39	\$11.03
Survivor Only	\$2.95	\$8.39	\$4.08	\$7.26	\$5.21	\$6.12
Survivor/Bene Child(ren)	\$5.31	\$15.11	\$7.35	\$13.07	\$9.39	\$11.03

Vision Plan

UnitedHealthcare Vision	
Monthly Rates	Your Cost
Retiree Only	\$3.27
Retiree + Child(ren)	\$7.20
Retiree + Spouse/Domestic Partner	\$6.86
Retiree + Family	\$9.27
Beneficiary Child(ren)	\$7.20
Survivor Only	\$3.27
Survivor/Bene Child(ren)	\$7.20

Life Insurance Plans

Anthem BCBS Life Insurance	
Monthly Rates	Rates per Month
Basic Life - Retirees (\$10,000)	\$8.89
Grandfathered Retiree Life (\$10,000)	\$8.89
Dependent Life (Spouse)*	\$3.91
Dependent Life (Child)*	\$1.16
Surviving Spouse*	\$3.91

*\$5,000 maximum coverage