

HAZELWOOD SCHOOL DISTRICT
Retiree Monthly Premiums for Group Health Plans
2024-2025 RETIREE MONTHLY RATES

ANTHEM BC/BS	Retiree Only	Retiree & Spouse	Retiree & Child(ren)	Retiree & Family
\$1,000 Premium Corridor Plan	\$1,000.00	\$1,781.00	\$1,549.00	\$2,149.00
\$2,000 Premium Corridor Plan	\$910.00	\$1,619.00	\$1,409.00	\$1,955.00
\$2,500 Standard Corridor Plan	\$841.00	\$1,428.00	\$1,233.00	\$1,738.00

DELTA DENTAL OF MO	Retiree Only	Retiree & Spouse	Retiree & Child(ren)	Retiree & Family
Delta Dental Option 1 (Enhanced/High Plan)	\$32.62	\$71.18	\$73.56	\$112.10
Delta Dental Option 2 (Standard/Low Plan)	\$25.54	\$47.12	\$60.30	\$81.84

ANTHEM BLUE VIEW VISION	Retiree Only	Retiree & Spouse	Retiree & Child(ren)	Retiree & Family
Vision	\$4.28	\$9.58	\$11.26	\$15.30

Lincoln Financial Group (LFG) LIFE INS.	Supplemental Life	\$.40/per 1,000
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NOTE: Currently enrolled Retirees with no Open Enrollment election will be mapped over to the \$2K Premium Plan

Updated: 08.12.24