

VISION SERVICE PLAN (VSP)

## Retiree Monthly Plan Rates 2026

Non-Medicare			
PRISM Anthem Choice	\$1,106	\$2,212	\$2,875
PRISM Anthem CARE	\$1,195	\$2,390	\$3,108
PRISM Anthem Safety (DSA Members Only)	\$1,184	\$2,367	\$3,078
PRISM Kaiser (restricted to certain zip codes)	\$1,233	\$2,437	\$3,162
Medicare Only			
Plan Name	Retiree Only	Retiree + 1	
PRISM Anthem Choice Medicare Supplement	\$588	\$1,174	
PRISM Anthem Care Medicare Supplement	\$588	\$1,174	
PRISM Anthem Safety Medicare Supplement (DSA Members Only)	\$571	\$1,142	
Kaiser Permanente Senior Advantage (Restricted to certain zip codes)	\$354	\$689	
Plan Name	Retiree	Retiree	Retiree
	(1 Medicare, 1 Without)	(1 Medicare, 2 Without)	(2 Medicare, 1 Without)
PRISM CHOICE	\$1,692	\$2,357	\$1,837
PRISM CARE	\$1,781	\$2,501	\$1,892
PRISM SAFETY (DSA Members Only)	\$1,755	\$2,709	\$1,853
Kaiser (Restricted to certain zip codes)	\$1,406	\$2,039	\$1,322
Dental/Vision			
Plan Name	Retiree Only	Retiree + 1	Family
DELTA DENTAL (BASIC)	\$33.80	\$63.70	\$111.40
DELTA DENTAL (EXECUTIVECONFIDENTIAL RETIREES ONLY)	\$44.50	\$82.20	\$139.20

\$6.74

\$14.28

\$24.55