

2025 Plan Rates for Retirees

What you pay for your medical plan as a retiree depends on the plan and the level of coverage you need, but it also depends on when you qualified to retire:

- If you qualified to retire on or before Dec. 31, 2005, or were in a benefits-eligible position at age 55 and within 5 years of becoming an official retiree on that date, you should refer to the **Legacy Retiree rates** listed below.
- Otherwise, you should refer to the **Cardinal Retiree rates** listed below. Because the amount of university contribution depends on your years of service, as calculated by Stanford Benefits, you will need to use the [Cardinal Retirees Worksheet](#) to calculate your monthly rates; if you have questions or need support, please contact the University HR Service Team at 650-736-2985, Monday – Friday, 8 a.m. – 5 p.m.

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2025 Health Plan Rates for Legacy Retirees

Medicare Advantage Plan		Monthly Costs 2025		
		Total Cost	University Contribution	Your 2025 Contribution
Kaiser Permanente Senior Advantage	Retiree Only	\$423.20	\$423.20	\$0.00
	Retiree & Spouse/Partner*	\$846.62	\$694.23	\$152.39
	Retiree & Child(ren)	\$845.96	\$693.69	\$152.27
	Retiree & Family	\$1,269.38	\$1,040.89	\$228.49
	Spouse Only	\$423.42	\$271.03	\$152.39
	Spouse & Child(ren)	\$846.18	\$617.69	\$228.49
	Child(ren) Only	\$422.76	\$270.49	\$152.27
Medicare Supplement Plan		Monthly Costs 2025		
		Total Cost	University Contribution	Your 2025 Contribution
Blue Shield Retiree PPO	Retiree Only	\$650.80	\$423.20	\$227.60
	Retiree & Spouse/Partner	\$1,301.60	\$694.23	\$607.37

	Retiree & Child(ren)	\$1,301.60	\$693.69	\$607.91
	Retiree & Family	\$1,952.40	\$1,040.89	\$911.51
	Spouse Only	\$650.80	\$271.03	\$379.77
	Spouse & Child(ren)	\$1,301.60	\$617.69	\$683.91
	Child(ren) Only	\$650.80	\$270.49	\$380.31

Non-Medicare Medical Plan		Monthly Costs 2025		
		Total Cost	University Contribution	Your 2025 Contribution
Kaiser Permanente HMO	Retiree Only	\$1,055.96	\$1,055.96	\$0.00
	Retiree & Spouse/Partner*	\$2,217.51	\$1,818.36	\$399.15
	Retiree & Child(ren)	\$1,900.69	\$1,558.57	\$342.12
	Retiree & Family	\$3,062.25	\$2,511.05	\$551.20
	Spouse Only	\$1,161.55	\$762.40	\$399.15
	Spouse & Child(ren)	\$2,006.29	\$1,455.09	\$551.20
	Child(ren) Only	\$844.74	\$502.62	\$342.12
Kaiser Hawaii HMO	Retiree Only	\$1,260.55	\$1,260.55	\$0.00
	Retiree & Spouse/Partner	\$2,521.09	\$2,270.09	\$251.00
	Retiree & Child(ren)	\$2,268.98	\$2,043.06	\$225.92
	Retiree & Family	\$3,781.63	\$3,405.11	\$376.52
	Spouse Only	\$1,260.54	\$1,009.54	\$251.00
	Spouse & Child(ren)	\$2,521.08	\$2,144.56	\$376.52
	Child(ren) Only	\$1,260.54	\$1,034.62	\$225.92
Stanford Select Copay	Retiree Only	\$1,699.85	\$1,564.06	\$135.79
	Retiree & Spouse/Partner	\$3,569.63	\$2,702.09	\$867.54
	Retiree & Child(ren)	\$3,059.69	\$2,306.19	\$753.50
	Retiree & Family	\$4,929.48	\$3,802.55	\$1,126.93
	Spouse Only	\$1,869.78	\$1,138.03	\$731.75
	Spouse & Child(ren)	\$3,229.63	\$2,238.49	\$991.14
	Child(ren) Only	\$1,359.84	\$742.13	\$617.71
Stanford Choice High Deductible	Retiree Only	\$1,384.36	\$1,324.38	\$59.98
	Retiree & Spouse/Partner	\$2,907.12	\$2,349.75	\$557.37
	Retiree & Child(ren)	\$2,491.83	\$2,007.73	\$484.10
	Retiree & Family	\$4,014.59	\$3,290.57	\$724.02
	Spouse Only	\$1,522.76	\$1,025.37	\$497.39
	Spouse & Child(ren)	\$2,630.23	\$1,966.19	\$664.04
	Child(ren) Only	\$1,107.47	\$683.35	\$424.12

2025 Health Plan Rates for Cardinal Retirees

Medicare Advantage Plan		Monthly Rate
Kaiser Permanente Senior Advantage	Retiree Only	\$423.20
	Retiree & Spouse/Registered Domestic Partner	\$846.62
	Retiree & Child(ren)	\$845.96
	Retiree & Family	\$1,269.38
	Spouse Only	\$423.42
	Spouse & Child(ren)	\$846.18
	Child(ren) Only	\$422.76
Medicare Supplement Plan		Monthly Rate
Blue Shield Retiree PPO	Retiree Only	\$650.80
	Retiree & Spouse/Registered Domestic Partner	\$1,301.60
	Retiree & Child(ren)	\$1,301.60
	Retiree & Family	\$1,952.40
	Spouse Only	\$650.80
	Spouse & Child(ren)	\$1,301.60
	Child(ren) Only	\$650.80

Non-Medicare Medical Plans		Monthly Rate
Kaiser Permanente HMO	Retiree Only	\$1,055.96
	Retiree & Spouse/Registered Domestic Partner	\$2,217.51
	Retiree & Child(ren)	\$1,900.69
	Retiree & Family	\$3,062.25
	Spouse Only	\$1,161.55
	Spouse & Child(ren)	\$2,006.29
	Child(ren) Only	\$844.74
Kaiser Hawaii HMO	Retiree Only	\$1,260.55
	Retiree & Spouse/Registered Domestic Partner	\$2,521.09
	Retiree & Child(ren)	\$2,268.98

	Retiree & Family	\$3,781.63
	Spouse Only	\$1,260.54
	Spouse & Child(ren)	\$2,521.08
	Child(ren) Only	\$1,260.54
Stanford Select Copay	Retiree Only	\$1,699.85
	Retiree & Spouse/Registered Domestic Partner	\$3,569.63
	Retiree & Child(ren)	\$3,059.69
	Retiree & Family	\$4,929.48
	Spouse Only	\$1,869.78
	Spouse & Child(ren)	\$3,229.63
	Child(ren) Only	\$1,359.84
Stanford Choice High Deductible	Retiree Only	\$1,384.36
	Retiree & Spouse/Registered Domestic Partner	\$2,907.12
	Retiree & Child(ren)	\$2,491.83
	Retiree & Family	\$4,014.59
	Spouse Only	\$1,522.76
	Spouse & Child(ren)	\$2,630.23
	Child(ren) Only	\$1,107.47

2025 Dental and Vision Plan Rates

NOTE: If you want to enroll in a Retiree dental or vision plan, you must first be enrolled in a Retiree medical plan.

Dental & Vision Plans	Monthly Costs 2025		
	Total Cost	University Contribution	Your 2025 Contribution

Retiree Dental (Delta Dental PPO)	Retiree Only	\$45.21	\$6	\$39.21
	Retiree & Spouse/Partner*	\$94.98	\$6	\$88.98
	Retiree & Child(ren)	\$81.38	\$6	\$75.38
	Retiree & Family	\$131.09	\$6	\$125.09
Retiree Vision (VSP)	Retiree Only	\$10.56	\$0	\$10.56
	Retiree & Spouse/Partner	\$16.89	\$0	\$16.89
	Retiree & Child(ren)	\$17.24	\$0	\$17.24
	Retiree & Family	\$27.80	\$0	\$27.80