

EL DORADO COUNTY HEALTH PLANS FOR MEDICARE RETIREES

MONTHLY RATES EFFECTIVE Jan 1, 2013

These rates apply if you are a former County employee, who meets eligibility rules for a County Sponsored Health Plan, and who receives retirement benefits from PERS, and you or a dependent or both of you are enrolled in Medicare parts A and B.

One in Medicare A & B: This is your rate if you are electing coverage for yourself only, and you are enrolled in Medicare A & B.

One in Medicare A & B and one not in Medicare A & B: This is your rate if you are enrolling yourself and one dependent, and one of you is enrolled in Medicare A & B, but the other of you is not enrolled in Medicare A & B.

Two in Medicare A & B: This is your rate if you are enrolling yourself and one dependent, and both of you are enrolled in Medicare A & B.

If you have additional dependents to enroll, or if you have any questions about these rates, please contact Human Resources - Risk Management Division at (530) 621-6633 and ask us to quote the appropriate rate for you.

BLUE SHIELD Standard Plan (\$200 Deductible)	
One in Medicare A & B	\$737.00
One in Medicare A & B and one not in Medicare A & B	\$1,567.09
Two in Medicare A & B	\$1,373.09

BLUE SHIELD Low Option Plan (\$1000 Deductible)	
One in Medicare A & B	\$675.00
One in Medicare A & B and one not in Medicare A & B	\$1,429.09
Two in Medicare A & B	\$1,249.09

KAISER SENIOR ADVANTAGE (\$5 Copay)	
One in Medicare A & B	\$423.71
One in Medicare A & B and one not in Medicare A & B	\$1,083.33
Two in Medicare A & B	\$844.53