

**EL DORADO COUNTY SPONSORED HEALTH PLANS**

MONTHLY RATES EFFECTIVE Jan 1, 2013

**FOR RETIREES & COVERED DEPENDENTS WITHOUT MEDICARE**

<b>BLUE SHIELD Standard Plan (\$200 Deductible)</b>	
Retiree Only	\$1,032.27
Retiree + 1 Dependent	\$1,862.63
Retiree + 2 or more	\$2,592.66

<b>BLUE SHIELD Low Option Plan (\$1000 Deductible)</b>	
Retiree Only	\$875.27
Retiree + 1 Dependent	\$1,629.63
Retiree + 2 or more	\$2,266.66

<b>KAISER PERMANANTE HMO PLAN (\$15 Copay)</b>	
Retiree Only	\$662.51
Retiree + 1 Dependent	\$1,322.13
Retiree + 2 or more	\$1,870.22

<b>PACIFICARE HMO PLAN (\$15 Copay)</b>	
Retiree Only	\$764.51
Retiree + 1 Dependent	\$1,563.02
Retiree + 2 or more	\$2,213.48

If you or your dependent is enrolled in Medicare Parts A and B, please see the rates for Medicare Retirees.